Tennessee

UNIFORM APPLICATION
2009

STATE IMPLEMENTATION REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

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I. Adult – Report summary of areas identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during FY09 to address areas of need identified in "Section II: Identification and Analysis of the Service System's Strengths, Needs, and Priorities" of the 2009 Tennessee Community Mental Health Services Block Grant Plan.

1) Expansion of crisis stabilization services (CSUs) into each region of the state

Crisis response teams are available 24/7 and may be accessed through agency toll-free numbers or a statewide toll-free access number. In FY09 funding was targeted for increasing community alternatives to hospitalization. As a result, CSUs have been put in place in each of the seven mental health planning regions.

In addition to the three CSUs established in Middle Tennessee in FY08, CSUs were developed in FY09 in Memphis, Jackson, Knoxville and Johnson City. CSUs offer intensive, 24-hour mental health treatment in a setting that is less restrictive than a psychiatric hospital.

In December 2008, it was decided to discontinue the contract established for the expanded crisis respite program as service utilization was not meeting expectations.
The CSUs and mobile crisis services continue to be funded through an agreement with TennCare and the Managed Care Organizations (MCOs).

The Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) allocates funds for a percentage of the crisis services in Tennessee and expects to be able to continue funding for these services through FY10. Contractual responsibility for the toll-free crisis access line remains with TDMHDD, and crisis response assessment, intervention and referral services continue to be available to anyone in the state experiencing a psychiatric crisis regardless of payor source.

During FY09, nearly 50 percent of adults receiving services through existing CSUs had no insurance coverage for this service.

2) Integration of primary and behavioral health care

An integrated model of service delivery, which includes both physical and mental health components within a single contract MCO, is now being implemented by the Bureau of TennCare and TDMHDD throughout the State. This model presents opportunities for improved coordination and integration of health and mental health services for TennCare enrollees.

3) Increased funding for Peer Support Centers

With impending budget reductions, no changes were made in funding for FY09, however, reallocations continue to be considered for the next fiscal year. While additional funds were not available, training for Peer Specialists continued. TDMHDD awarded 30 new certifications and granted 23 re-certifications in FY09. The Department has held numerous outreach presentations to inform mental health providers and potential consumer-applicants about the program for delivery of these Medicaid-billable services. The Office of Consumer Affairs has implemented program improvements to

simplify the certification process and to provide certification status information to prospective employers.

4) Expanded transportation services

TennCare offers transportation to those enrollees that do not have access to transportation. Transportation is arranged through the individual's MCO and is available to and from the doctor, hospital, or pharmacy. The start of the integrated model of service delivery should improve access to transportation services for TennCare enrollees.

TDMHDD also provides funding to 14 Community Mental Health Agencies (CMHAs) to assist with purchase and maintenance of vans for transportation of consumers to Peer Support Centers and planned activities. Approximately 52 percent of consumers responding to the annual 2009 Peer Support Center Survey utilized center-provided transportation services at some time, with 50 percent reporting reliance on this transportation in order to attend Center activities.

5) Expansion of criminal justice/mental health project

Due to depleted tax revenues for the state, all departments were asked to reduce budgets significantly. After considering a 22 percent reduction in budget, non-recurring funding add-backs mitigated these reductions for FY09 -FY10. Having been instructed by the governor that there would be no improvements, it was determined to maintain programs at their current funding rather than plan to expand programs in the unpredictable economic climate. Therefore, while expanded services would be preferred, budget restrictions have disallowed the expansion of the criminal justice/mental health project.

6) Indigent medication voucher program

While there has been no progress in developing an indigent medical voucher program, there are several mechanisms in place to provide pharmacological assistance to individuals who may otherwise be unable to afford their prescriptions.

The Behavioral Health Safety Net (BHSN) provides pharmacy assistance and coordination services to individually assist in securing medications at a reduced price, or no cost, through a manufacturer-sponsored program or other pharmacy assistance program. It also includes coordination with the consumer, prescriber, manufacturer, and pharmacy benefit manager for initial pharmacy assistance applications, emergency and periodic medication changes, and monitoring and submission of data necessary for monitoring and reporting.

CoverRx is a Tennessee pharmacy assistance program supported by Express Scripts. It is designed to assist those who have no prescription drug coverage but have a critical need for medication.

CMHAs who work directly with the indigent population are encouraged to assist consumers in applying for TennCare if they are not already enrolled and meet eligibility.

7) Increased cultural competency of provider staff

The cultural and linguistic competence initiative is an educational, awareness building, and competency based program to enhance agency and professional awareness of the

impact of culture on positive outcomes of mental health services. The goal is to assure culturally and linguistically appropriate services that improve access, remove barriers, and eliminate disparities in the care received by racial, ethnic minorities and other underserved groups. Training was provided for both interpreters and mental health professionals this year, and a web based list of interpreters available by county and language is maintained for access by professionals.

8) Continued outreach to adults eligible for BHSN formerly known as the Mental Health Safety Net (MHSN) services

FY09 was the fourth fiscal year of service availability through a program originally developed by TDMHDD to serve as a MHSN for approximately 21, 000 adults with SMI who lost TennCare coverage when Tennessee's Medicaid waiver population was reduced.

The program experienced a radical shift on January 1, 2009 when it was merged with the former TennCare managed care "State-Only/Judicial" program. The new BHSN is not limited to TennCare disenrollees, but serves adults with SMI who are without health care insurance and require, or are court-ordered to receive, treatment services. The current program utilizes the former State-Only/Judicial eligibility criteria, including an income limit of 100 percent Federal Poverty Level, US citizenship, and TN residency.

As of July 7, 2009, 20,347 adults were enrolled in the program with 17,915 persons served. The aforementioned number reflects persons who received any service under the BHSN in FY09. Currently services are available through 19 CMHAs participating in this program, and outreach has become a part of routine assessments for service need.

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

II. Adult - Report summary of the most significant events that impacted the Tennessee mental health system in the previous FY

- ***TennCare integrated primary and behavioral health care service system statewide***

In FY08, TennCare established a 'carved-in' model of integrated medical and behavioral health care for TennCare recipients in the Middle Tennessee service area. East TN followed that same integration strategy beginning November 1, 2008 and West TN began January 1, 2009. All services are contracted through four MCOs: Blue Cross, Blue Shield, AmeriChoice, AmeriGroup and TennCare Select. (TennCare Select is operated by BlueCross BlueShield and serves special children and youth enrollee populations.) With an enrollment of approximately 1.2 million persons, Tennessee is the only state to serve 100 percent of its Medicaid population through a managed care system.

With TennCare's move to a fully at-risk, integrated service contract, it divested itself from the majority of service responsibilities for non-Medicaid covered individuals.

- ***Crisis stabilization services were expanded statewide***

Over the years, the continuum of crisis services has been expanded, both by TDMHDD and by TennCare contracts with MCOs under the waiver program. As part of an incremental move to carve-in managed care services, funding was targeted for increasing community alternatives to hospitalization. As discussed in Section I, access to crisis stabilization services was expanded to each of the seven geographical mental health planning regions across the state in FY09.

TDMHDD has established a workgroup that is reviewing different options for crisis service delivery in Tennessee. The TDMHDD Planning and Policy Council (TDMHDDPC) continues to advise the Department on issues related to crisis services.

- ***Behavioral Health Safety Net (BHSN)***

TDMHDD continues to administer the BHSN, formerly known as the MHSN, which addresses core mental health service needs for uninsured persons with serious mental illness (SMI) who meets eligibility criteria. TDMHDD partners with 19 CMHAs across the state to provide essential mental health services to the persons in this program. On January 1, 2009, the former State-only/Judicial program was dissolved by TennCare and those individuals were offered services in the BHSN if they met eligibility requirements. This merging expanded eligibility criteria, which allowed more individuals to be served. This service package was designed to meet basic medication and treatment needs of these individuals and includes assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, and pharmacy assistance and coordination.

Approximately 20,347 adults were enrolled in the program with approximately 17,915 persons served this fiscal year. The top three services utilized were case management, pharmacologic management, and psychotherapy.

- ***Creating Jobs Initiative***

The Creating Jobs Initiative (CJI) assertively and strategically partners with local communities to expand employment opportunities. TDMHDD continues to establish partnerships with providers of employment services at the state and local levels,

including: Vocational Rehabilitation Services, Department of Labor, One-Stop Career Centers, and Benefits to Work Project (Center for Independent Living and Statewide Independent Living Council and Social Security Administration), to provide technical assistance to community mental health agencies regarding employment for mental health service recipients. TDMHDD conducts outreach and training statewide to educate service recipients, family members, mental health service providers, employers, and other interested community stakeholders regarding employment opportunities and services.

Other Transformation Activities during FY09

- ***Combating Stigma***

TDMHDD continues the "Overcoming Stigma Campaign" to spread positive messages regarding resiliency and recovery with a focus on the arts. On May 4, 2009, TDMHDD and the Middle Tennessee Mental Health and Substance Abuse Coalition sponsored the third Annual Art for Awareness Day at the Legislative Plaza featuring the work of consumer artists throughout the state. During this event, Governor Bredesen, Commissioner Betts, and several members of the General Assembly were presented a unique piece of art created to display in their offices throughout the month of May in recognition of Mental Health Month.

- ***Creative Homes Initiative***

The Creative Homes Initiative (CHI) was a top 50 finalist in Harvard Kennedy School's Ash Institute Innovation in Government Award. Tennessee's CHI combines state leadership, regional housing development/funding experts, and local partnerships to develop affordable, supportive homes for people with mental illness. Since 2000, $250,000,000 has been leveraged, resulting in the development of 7,200 housing units.

- ***Certified Peer Support Specialist (CPSS) Program***

TDMHDD has certified 99 applicants since the inception of the Peer Specialist Certification Program in FY08, with 30 new certifications awarded and 23 re-certifications granted in FY09. The Department has held numerous outreach presentations to inform providers and potential consumer-applicants about the program for delivery of these Medicaid-billable services. It has both conducted and sponsored trainings for peer specialists to meet ongoing education requirements of certification. The guidelines and standards, along with application and certification forms, are available on the TDMHDD website. The Office of Consumer Affairs has implemented program improvements to simplify the certification process and to provide certification status information to prospective employers.

- ***CMS Real Choice Systems Change Grant***

TDMHDD was awarded a CMS Real Choice Systems Change Grant to implement recovery initiatives including: 1) training of peer specialists to teach Wellness Recovery Action Plan (WRAP®) classes; 2) establishing a comprehensive, community-based, web resource directory; and 3) training practitioners to teach Illness Management and Recovery. The grant is overseen by a Project Advisory Committee that includes representatives from several local mental health agencies and each TennCare MCO and meets quarterly. The grant is coordinated through the Division of Recovery Services and Planning and assists in creating an environment that allows each mental health consumer to participate in a Person–Centered Planning process that identifies his or her strengths, capacities, preferences and needs.

The goal for the WRAP trainings is to train 68 individuals to become facilitators each year. Thus far, in year two of the grant, 267 people have been trained to facilitate WRAP classes in every region of the state. As part of receiving the free training, each WRAP facilitator has agreed to teach WRAP to at least 15 people. To date, 2,247 consumers have been taught how to create their own WRAP plan. The goal for the three-year grant is for 3,000 consumers to have their own viable WRAP; Tennessee is on track to meet that goal.

Illness Management & Recovery (IMR), an evidence-based practice, is being offered in each of the three grand divisions of the state for the three years of the grant. This psychoeducational curriculum complements WRAP and includes the goal of helping consumers develop personal strategies for copying with mental illness and moving forward with their life. One hundred, twenty-six facilitators have been trained in IMR thus far and are in the process of taking the program to consumers throughout the state.

Significant progress on a new website entitled Recovery within Reach has taken place during FY09, as part of the Real Choice Systems Change grant. Recovery within Reach will be a comprehensive, community-based, web resource directory that provides a wealth of information for Tennesseans about recovery from mental health disorders and co-occurring disorders of mental illness and substance abuse. Tennesseans will be able to use the website to locate a WRAP class, read articles about recovery, or find a mental health resource in their community. In addition, the Recovery within Reach website will include the pre-existing Housing within Reach website as part of the new website.

- ***Evidence Based Practices***

The annual Evidence Based Practice (EBP) survey of 20 community mental health agencies documented some increases in both the availability of EBPs and the number of priority population adults receiving services. The table below shows the number of CMHAs reporting availability of the EBP and the number served.

ADULT EBP	***# Reporting Availability ****	***# SMI SERVED FY09***
Supported Housing	9	537
Supported Employment	4	339
Assertive Community Treatment	2	202
Family Psycho-educational Services	4	2,276
Integrated Treatment for Persons with COD	8	5,385
Illness Management Recovery	17	1,391
Medication Management	6	20,953
TOTAL (DUPLICATED) RECEIVING AN EBP	**N/A**	**31,083**

*Based on a 100 percent response rate: 20 of 20 CMHAs responding to 2009 Provider EBP Survey.

- ***Services for Returning Veterans***

TDMHDD staff continues to lead the *Tennessee Task Force on Military Veterans and Their Families*, a collaboration including the National Guard, Veteran's Affairs, U.S. Army Reserves, U.S. Marine Corps, state departments, community behavioral health providers, active duty service members and returning veterans and their families.

TDMHDD and contract staff from the TN Suicide Prevention Network (TSPN) consulted with medical and psychiatric staff of the Ft. Campbell Army Base in Clarksville, TN to discuss the success of TSPN initiatives that might be utilized within the military service system. As a result of that collaboration, TDMHDD staff responsible for co-occurring disorders (COD) and substance abuse service initiatives serve on the Ft. Campbell Suicide Prevention Task Force.

Local Recovery Coordinators, now part of the Veteran's Administration TN Valley Health Care system, are active participants on the Regional Mental Health Planning and Policy Council respective to the VA Hospital facility with which they are based.

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

III. Adult - A report on the purpose for which the block grant monies for state FY were expended, the recipients of grant funds, and a description of activities funded by the grant

Projected allocations in the 2009 Block Grant Plan were based on the 2008 Block Grant award of $7,748,996. The final 2008 Block Grant award to the state of Tennessee was $7,708,555. The total Block Grant award is allocated to be expended each fiscal year. Annual awards beginning each October 1 are generally not allocated to the community until the beginning of the state fiscal year the following July 1. Despite recent decreases in the Block Grant award, TDMHDD has not decreased program allocations, utilizing any unspent dollars and early utilization of the subsequent year's Block Grant funding as necessary to maintain current funding levels. (See Table A)

At least 95 percent of each year's total award is granted to community based programs in accordance with the expectations of the block grant. The remaining five percent is allocated to support administrative functions relative to the community mental health system and meetings and activities of the Mental Health Planning and Policy Councils. TDMHDD utilizes its Block Grant funding for the provision of services designed to impact the adult priority population by promoting education, empowerment, participation in treatment and building a reliable community support system that emphasizes recovery and community reintegration.

Fourteen private, not-for-profit Community Mental Health Centers (CMHCs) and five other community agencies received federal mental health block grant funds to provide services to adults. Each contracted agency provided services in accordance with a specific contract, budget and scope.

Some $5,172,300 of Center for Mental Health Services (CMHS) Block Grant funding was expended for adult services in accordance with the 2009 Block Grant Plan in the following manner:

Assisted Living Housing **$ 210,000**

Funds support six assisted housing projects that fill the gap in the continuum of housing available for adults with serious mental illness (SMI) who do not require the supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The programs consist of clustered apartment units, with one unit occupied by a live-in "assisted living specialist". The specialist is a consumer whose role is to serve as a mentor to and provide support for the other residents. A major goal of the program is to assist adults with a successful transition to independent living.

Criminal Justice Project **$ 476,000**

Projects provide activities targeted toward individuals with SMI or COD interfacing with the criminal justice system. Services include liaison/case management services, diversion activities, cross-training and education, and appropriate referral and linkage to follow-up services in the community. Goals are to enhance systems collaboration and cooperation, decrease recidivism, and ensure access to appropriate services. Block Grant funding is supplemented by $373,600 in state funding, providing 19 liaisons serving 23 counties.

Primary staff activities are targeted toward diversion of individuals with SMI and COD from the criminal justice system and toward the behavioral health system through pre

and post-arrest diversion, deferral from the forensic process and reduced days of incarceration. Training and educational activities are an important part of the project. Each CJ/MH Liaison is assigned designated judicial districts in order that all counties are offered training opportunities. Mental Health Crisis Management, a six to eight-hour session covering the basics of mental health, mental illness, COD and symptoms, crisis interventions and suicide prevention, is offered quarterly to county sheriffs' personnel and transporting agents. In addition, liaison staff provide a two-hour training module on mental health and mental illness as part of the jail certification criteria of the Tennessee Correctional Institute.

Consumer Support / BRIDGES $ 226,500

Funds are provided to the Tennessee Mental Health Consumers' Association (TMHCA), via the Tennessee Disability Coalition, to support regional advocacy staff and on-going teaching of the Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES) psychoeducational program for mental health consumers. The mission of BRIDGES is to empower people who have mental health disorders to take an active and informed role in their treatment and to recover a new sense of purpose in life. BRIDGES is a self-help program that provides education and support to adults who have mental health disorders. There are two parts to the program: a set of courses on recovery taught by mental health consumers and support groups facilitated by mental health consumers.

Cultural Competency $ 26,800

Cultural and linguistic competency promotion is targeted for mental health agencies, mental health providers, and mental health interpreters.

Older Adult Project $ 280,000

These projects provide outreach, screening, assessment, linkage, treatment and supportive services (collectively referred to as "care management") to older adults age 55 and over who have mental health needs as well as their family members and/or caregivers. The Older Adult Projects collaborate with area primary care physicians and other adult community services agencies to provide mental health education and promote awareness and knowledge about geriatric mental health and substance abuse concerns. In addition, community mental health education is provided to promote awareness and knowledge about geriatric mental health concerns. Services may be offered in the individual's home, community mental health center or at a primary care site accessed by older adults. The majority of services are provided to individuals who have Medicare only or are self-pay and not eligible for case management under TennCare. Funds support four programs.

Peer Support Centers (PSC) $ 3,953,000

A PSC is a place where persons who have received treatment for mental illness develop their own programs to supplement existing mental health services. PSCs provide opportunities for socialization and personal and educational enhancement. PSCs are places in which members address issues such as social isolation and discrimination. PSCs offer recovery-based services and programs that promote the involvement of consumers in their own treatment and recovery and assist consumers in acquiring the necessary skills for the utilization of resources within the community. Programs at the PSCs include training for Peer Specialist certification and WRAP. Funds, supplemented with state funding, support 49 PSC programs serving 81 of Tennessee's 95 counties.

Table III.A below shows the total number served during FY09 through program initiatives receiving full or partial Block Grant funding.

Table III.A

PROGRAM	CONSUMERS	FAMILY	OTHERS
Assisted Living Housing	78	0	0
BRIDGES Curriculum Participants	324	0	0
CJ/MH Liaison Services	Unavailable	0	0
CJ/MH Liaison Training	0	0	Unavailable
CC-Interpreters Receiving MH Training	0	0	59
CC-Providers Receiving Training	0	0	44
Older Adult Screening/Counseling	886	0	0
Older Adult Wellness/Education	0	0	4,680
Peer Support Center (Average Monthly Attendance)	4,248	0	0
TOTAL SERVED	**5,536+**	**0**	**4,783+**

A brief description of all TDMHDD-funded programs for adult services, including funding source(s), activities, and outcomes information is documented in the Annual Stakeholder Report of Behavioral Health Service Activities for FY09, submitted with this report in Appendix B.

Table III.B below details Block Grant allocations for adult services by agency and program.

Table III.B BLOCK GRANT ALLOCATIONS FOR ADULT SERVICES

CMHC	Assisted Living	Criminal Justice	BRIDGES / Cultural Competency	Older Adult	Peer Support Center	Total
Frontier	$140,000	$40,000	0	$70,000	$462,300	$712,300
Cherokee	0	0	0	0	$51,400	$51,400
Ridgeview	0	0	0	0	$308,200	$308,200
HR McNabb	0	$50,000	0	0	$113,200	$163,200
Peninsula	0	0	0	0	$154,100	$154,100
Volunteer	0	$90,000	0	$70,000	$986,500	$1,146,500
Fortwood	0	0	0	0	$113,200	$113,200
Centerstone	0	$105,000	0	$70,000	$726,200	$901,200
Carey	0	40,000	0	0	$308,200	$348,200
Pathways	0	0	0	0	$205,500	$205,500
Quinco	0	0	0	0	$205,500	$205,500
Professional Care Services	0	0	0	0	$205,500	$205,500
Southeast	0	0	0	0	$113,200	$113,200
Frayser	0	0	0	$70,000	0	$70,000
OTHER AGENCY						
Mental Health Association	0	0	(CC) $26,800	0	0	$26,800
Mental Health Cooperative	$35,000	$50,000	0	0	0	$85,000
Park Center	$35,000	0	0	0	0	$35,000
Shelby Co. Govt.	0	$101,000	0	0	0	$101,000
TN Disability Coalition	0	0	$226,500	0	0	$226,500
Total Adult	**$ 210,000**	**$ 476,000**	**$ 253,300**	**$ 280,000**	**$3,953,000**	**$ 5,172,300**
Total C&Y						$2,479,200
Total Both						**$7,651,500**
Admin. 5%						$387,450
[a]Total Allocation						**$8,038,950**

[a] Total allocation exceeds amount of annual Block Grant Award.

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

I. Child - Report summary of areas which the State identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during FY09 to address areas of need identified in "Section II: Identification and Analysis of the Service System's Strengths, Needs, and Priorities" of the 2009 Community Mental Health Services Block Grant Plan.

1) Better integration of primary and behavioral services

An integrated model of service delivery, which includes both physical and mental health components within a single contract MCO, is now being implemented by the Bureau of TennCare and TDMHDD throughout the State. This model presents opportunities to improve health and mental health services for TennCare enrollees. TDMHDD and the TDMHDDPC continue to evaluate the effectiveness of the integrated contracting and delivery model to ensure positive outcomes on behavioral health measures.

2) Expansion of school-based programs and Regional Intervention Programs

TDMHDD promotes the mental health of young children through a variety of grant programs of early screening, intervention and referral services including the Regional Intervention Program (RIP). The School Based Mental Health Liaisons (SBMHL) provides consultation to classroom teachers for children that evidence behavioral difficulties. Funding for the SBMHL program was increased by 150 percent for FY09 in order to expand services provision.

3) "School to work" programs for transitional youth including independent living

TDMHDD staff collaborate and partner with other state and local agencies to assess and evaluate procedures needed to enhance the transition of adolescents to adult mental health services. At this point, no educational curriculum has been developed specific to this population.

4) Increased residential treatment capacity including special needs capacity

The capacity need for residential treatment services is largely determined by the TennCare MCOs and other state entities overseeing clinical services for children and youth. TDMHDD currently licenses 55 sites under its "Mental Health Residential Treatment for Children and Youth" license category with a capacity of 1,627 beds.

5) Expanded services for homeless families with children

Financial restrictions prohibit expansion efforts. However, the TennCare Partners Program (TCPP) provides a continuum of services for all eligible children with serious emotional disturbance (SED). Homeless persons who meet the eligibility criteria may receive TennCare using agency addresses, shelter addresses, or Post Office boxes. Homeless children and youth who are not TennCare eligible have access to crisis response and intervention services statewide and may participate in no-cost family support groups.

TDMHDD funds outreach case management services for homeless children and youth with SED, or at risk of SED, in the Nashville/Davidson County area, the Johnson City area, and in the cities of Chattanooga, Knoxville, Jackson, and Memphis.

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

II. Child - Report summary of the most significant events that impacted the mental health system of the State in the previous FY

➢ *Council on Children's Mental Health Care*

Following a two-year legislative study by a Select Committee on Children and Youth and its subsequent findings, legislation created the Council on Children's Mental Health Care (CCMHC), with an appointed membership and the task of designing a statewide system of mental health care for children, including a financial resource map and cost analysis of state and federal funded programs.

➢ Grant Awards

In September 2008, TDMHDD received a grant of $9 million from the Substance Abuse and Mental Health Services Administration (SAMSHA) to implement a coordinated system of care for children and youth in Memphis and Shelby County over the next six years, called the JustCare Family Network. The focus of a system of care program is to foster the collaboration between state and local agencies, schools, and families and to provide appropriate mental health services and supports for children and youth with serious emotional disturbances in order for them to function more effectively at home, in school, and within their community, The Network anticipates serving 450 children and youth with SED ages five to nineteen residing in Memphis and Shelby County.

In December 2008, TDMHDD was awarded $1.5 million dollars by SAMHSA to fund a three year grant benefiting the Tennessee Lives Count (TLC) Project that will continue to provide youth suicide prevention initiatives throughout the state. The TLC project teaches the warning signs for suicide among the youth population and has provided suicide prevention training to more than 18,000 Tennesseans. Tennessee has become a national leader in suicide prevention, programming, and planning. The year 2008 was the 10th anniversary of an organized effort across Tennessee to implement statewide prevention initiatives.

➢ *Family Support Specialist Certification*

TDMHDD, in collaboration with NAMI TN and Tennessee Voices for Children, launched "The Family Support Specialist Certification Program" in May 2009 to provide direct caregiver and caregiver support to parents of children and youth with emotional, behavioral and co-occurring disorders. To date, 30 persons have been trained as Family Support Specialists.

Other Transformation Activities during FY09

➢ Evidence Based Practices

Through its Best Practice Guidelines, TDMHDD promotes the use of evidence-based and best practices by providers across the state. However, TDMHDD does not directly fund or contract for any of the SAMHSA-tracked EBPs. Results from the annual CMHA EBP Provider Survey are summarized in the table below:

CHILD/YOUTH EBP	*# CMHAs Reporting Availability*	*# SED SERVED FY09*
Therapeutic Foster Care (TFC)	N/A	2678
Multi-Systemic Therapy (MST)*	2	558
Family Functional Therapy (FFT)*	1	222
TOTAL RECEIVING AN EBP	**3**	**3,458**

- Based on a 100 percent response rate: 20 of 20 CMHAs responding to 2009 Provider EBP Survey.

The Department of Children Services (DCS) contracts for TFC homes for children and youth with special mental health needs. Two agencies reported the EBP of MST for FY09. Only one agency reported providing FFT.

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

III. Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Expenditure of 2009 Block Grant Allocation

The 2009 Block Grant projected allocations were based on the final 2008 award amount of $7,748,996 for Tennessee. The final 2009 Block Grant award to the state of Tennessee was $7,708,555. Ninety-five percent of the total award was granted to community based programs in accordance with the expectations of the block grant. Approximately five percent of the award, or $387,450, supports administrative functions relative to the community mental health system and Mental Health Planning and Policy Councils' support and activities. Despite recent decreases in the Block Grant award, TDMHDD has not decreased program allocations, utilizing an early withdrawal of the next year's Block Grant award as necessary. (See Table B.)

TDMHDD utilizes its Block Grant funding to provide community mental health services designed to promote education, prevention, and early intervention and build a reliable community support service system that emphasizes youth empowerment and resiliency and family education and support.

Eleven private not-for-profit CMHCs and five (5) other community agencies received federal mental health block grant funds to provide these services. Each contracted agency provided services in accordance with a specific contract, budget and scope.

Some $2,484,200 in CMHS Block Grant funding was expended for children and youth services in accordance with Criterion 1-5 in the following manner:

BASIC $ 1,600,500

Project BASIC (Better Attitudes and Skills in Children) is a school-based mental health early intervention and prevention service that works with children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at 47 elementary school locations.

Planned Respite Services $ 586,700

This program provides respite services to families of children identified with serious emotional disturbance, or dually diagnosed with SED and mental retardation, who are ages two to fifteen. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized family respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively.

Funding supports respite services in each of the seven mental health planning regions across the state. Included in the total is $30,100 that supplements state dollars to fund a self-directed respite voucher program for children ages birth to eighteen. This allows families who reside in Memphis/Shelby County to directly pay for respite services when needed.

Early Childhood Network $ 145,000
This is a collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children through prevention and early intervention strategies. The effort is intended to provide a seamless and comprehensive system to identify and serve, at an early age, children in need of mental health services by networking all local agencies that work with this age group.

Funding supports projects in two counties that currently have RIP, BASIC, and Day Care Consultation and have identified gaps in services.

Jason Foundation School Curriculum $ 77,500
In response to the Surgeon General's Call to Action to Prevent Suicide Plan, one of Tennessee's strategies targets providing educational programs for youth that address suicide.

The Jason Foundation offers a Triangle of Prevention approach for awareness and prevention of youth suicide. The project addresses youth, parents, teachers, and educators from middle school to college in suicide awareness and prevention through educational programs and seminars

NAMI-TN Parent Education $ 47,500
NAMI-TN provides programs that provide education for families of children with SED, utilizing a train-the-trainer model. The goal of the program is to empower parents and guardians to become advocates for their children and to develop tools to help other families in a supportive, educational manner.

Suicide Prevention $ 18,000
Funds supplement state dollars to support the TSPN, a statewide coalition that developed and now oversees the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

Renewal House $ 4,000
Funding supplements other state dollars to support early intervention and prevention services to children at risk of SED or substance abuse who reside at Renewal House, a residential program for addicted mothers in recovery and their children. Services provide on-site child, family and group counseling for which there is no third-party payer source. Parenting classes, support groups and family enrichment are provided for family preservation. Therapeutic services are also provided for children when evaluations deem such services appropriate.

Table III.A below shows the total number served during FY09 through program initiatives receiving full or partial Block Grant funding.

Table III.A

PROGRAM	CHILDREN	FAMILY	STUDENTS	TEACHERS
BASIC	203	0	20,978	0
Early Childhood Network	106	71	0	0
Jason Foundation	0	0	222,627	128,520
NAMI-TN Beginnings/NAMI Basic	0	48	0	0
NAMI-TN Breaking the Silence	0	0	255	0
NAMI-TN Bridging the Gap	0	0	0	43
Respite	312	270	0	0
Renewal House	63	34	0	0
Suicide Prevention *	n/a	n/a	n/a	n/a
TOTAL SERVED	**684**	**423**	**243,860**	**128,563**

** Funds assist the activities of the TN Suicide Prevention Network*

Table III.B on the following page details the 2009 Block Grant allocation for children and youth services by agency and program.

Table III.B 2009 BLOCK GRANT FUNDS ALLOCATED FOR C&Y SERVICES

CMHC	BASIC	Renewal Hs/ Cult. Comp.	Early Childhood Network	Jason/ NAMI/ TSPN	Planned Respite	Total
Frontier	$281,557	0	0	0	$81,112	$362,669
Cherokee	$70,028	0	0	0	0	$70,028
Ridgeview	$40,016	0	0	0	$48,112	$88,128
Volunteer	$280,110	0	$72,500	0	$184,040	$536,650
Fortwood	$40,016	0	0	0	0	$40,016
Centerstone	$263,887	0	$72,500	0	$81,112	$417,499
Carey	$120,048	0	0	0	0	$120,048
Pathways	$120,047	0	0	0	0	$120,047
Quinco	$224,727	0	0	0	$81,112	$305,839
Professional Counseling	$160,064	0	0	0	0	$160,064
Frayser	0	0	0	0	$81,112	$81,112
OTHER AGENCY						
TN Respite Coalition	0	0	0	0	$30,100	$30,100
Renewal House	0	$4,000	0	0	0	$4,000
Jason Foundation	0	0	0	$77,500	0	$77,500
MHA of Mid TN	0	0	0	$18,000	0	$23,000
NAMI-TN	0	0	0	$47,500	0	$47,500
Total C&Y	**$1,600,500**	**$ 4,000**	**$ 145,000**	**$143,000**	**$ 586,700**	**$ 2,479,200**
Total Adult						$ 5,172,300
Total Both						**$ 7,651,500**
Admin. 5%						$387,450
[a] Total Allocation						**$ 8,038,950**

[a] Total allocation exceeds amount of annual Block Grant Award.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	118,259	129,049	118,000	129,460	109.71
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To maintain access to publicly funded behavioral health care for adults.

Target: To serve a minimum of 118,000 adults through publicly funded behavioral health care.

Population: Adults receiving publicly funded behavioral health services.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of adults served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: TennCare; TDMHDD BHSN Annual Report; URS Table 2A

Special Issues: On January 1, 2009, the former State-only/Judicial program was dissolved by TennCare and those individuals were offered services in the BHSN if they met eligibility requirements for the BHSN.

Significance: The publicly funded system consists of TennCare and the BHSN. TennCare provides behavioral health services to all Medicaid-eligible adults. The BHSN provides services to TennCare disenrollees and other auninsured dults who are assessed as SMI.

Activities and strategies/ changes/ innovative or exemplary model: With the move to an integrated managed care system, TDMHDD will no longer have direct access to TennCare utilization data, but is working diligently with TennCare to obtain the data required to provide a response to this goal. With the merging of the MHSN and the State Only/Judicial population to create the BHSN, the criteria for data collection was adjusted to assure unduplicated service recipients. This BHSN data is provided annually and is included in this number.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	9.01	9.08	10	9.07	110.25
Numerator	1,004	1,051	--	926	--
Denominator	11,139	11,571	--	10,205	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Maintain a "readmissions within 30 days of discharge" rate of 10% or less.

Population: Adults discharged from state psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults discharged who are readmitted within 30 days.

Measure: Numerator: Number of adults readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number of adults discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues: This data would not reflect an admission to a private hospital within the 30-day post Regional Mental Health Institute (RMHI) period. Data includes all payor sources and legal codes.

Significance: The continuity of care following hospitalization is an important variant in stabilizing an individual post-discharge.

Activities and strategies/ changes/ innovative or exemplary model: State hospitals are the only inpatient option for persons without health care insurance. The readmission rates for hospitalizations continue to remain steady. For adults with SMI and without health insurance, continued outpatient care is available for a six month period to determine eligibility for the BHSN, Medicaid or other entitlements.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Readmissions within 30 days remained below 10%.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	21.15	20.85	21	20.37	103.09
Numerator	2,356	2,413	--	2,079	--
Denominator	11,139	11,571	--	10,205	--

Table Descriptors:

Goal: To provide effective outpatient services and alternative community resources to support stabilization in the least restrictive environment.

Target: Maintain a "readmission within 180 days of discharge" rate of 21% or less.

Population: Adults discharged from state psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of discharged adults readmitted within 180 days.

Measure: Numerator: Number of adults readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of adults discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues: This data would not reflect an admission to a private hospital within the 180-day post RMHI discharge period. Data includes all payor sources and legal codes.

Significance: A major challenge in a comprehensive community-based mental health system of care is the development of community-based alternatives to inpatient treatment.

Activities and strategies/ changes/ innovative or exemplary model: This indicator has remained steady for the past five years. Continued focus is placed on finding community alternatives in order to prevent or stabilize a psychiatric or life crisis before involuntary hospitalization is the only option. Currently, seven crisis stabilization programs operate across the state. Crisis response services also have access to crisis respite beds to provide a brief time of rest and support to stabilize or alleviate a crisis situation. WRAP, IMR and BRIDGES courses enhance consumer stability and promote early planning for treatment and support services that improve the likelihood of effective interventions without the need for hospitalization.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Readmissions within 180 days remained below 21%.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	7	7	7	7	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide all SAMHSA-recommended EBP services.

Target: Maintain availability of behavioral health interventions having consistent, scientific evidence showing improved consumer outcomes.

Population: Adults assessed as SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of SAMHSA-defined evidenced based practices provided in Tennessee.

Measure: Number

Sources of Information: TDMHDD; CMHA FY09 EBP Provider Survey; URS Tables 16-17

Special Issues: States may be providing other best practices not included in the URS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: Current URS Developmental Tables 16-17 list the following Evidenced Based Practices for adults:

1. Supported Housing (SH)
2. Supported Employment (SE)
3. Assertive Community Treatment (PACT)
4. Family Psychoeducation (FP)
5. Integrated Treatment (IT)
6. Illness Management and Recovery (IMR)
7. Medication Management (MM)

Tennessee has supported approved models of SH and SE for many years. There are HUD supported housing sites and supported housing funding through the Creating Homes Initiative. Supported employment opportunities are available at all Psychosocial Rehabilitation Programs. There are currently two PACT teams operated under the managed care system, but no available funding to expand either team capacity or add additional teams.

The existence of EBPs is verified in different ways. SE is a service that must be offered through licensed Psychosocial Rehabilitation Programs. PACT utilization is monitored by the managed care contractor. A provider survey, which lists the model service description and the minimum fidelity criteria required for reporting is currently used.

The FY09 EBP survey provided the most up to date information regarding the evidenced based practices. Twenty CMHAs were contacted and 100% responded regarding the provision of these services across the state. SH was available through nine of the CMHAs. Several CMHAs reported they either fully integrated treatment for COD or provided integrated services programmatically. Eighty-five percent of the CMHAs reported the availability of IMR, while 30% reported MM and 20% reported FP. Many CMHAs indicated plans to continue expanding the types of EBPs available within their scopes of service.

While the number of persons being served is included in the survey response, it is noted that this reporting method is not a completely reliable indicator of the clinical or cost effectiveness of the model. Currently, at least in Tennessee, no other method appears to be a viable alternative to a provider survey for those services not specifically offered as part of a funded program.

Target Achieved or Not Achieved/If Not, Explain Why:	Achieved. All EBPs are available in the state, although not all under the auspices of TDMHDD.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.30	.67	.40	.60	150
Numerator	251	660	--	537	--
Denominator	83,870	98,951	--	89,054	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased access to supported housing services.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults served who received supported housing services.

Measure: Numerator: Number reported receiving service.
Denominator: Total number served.

Sources of Information: FY09 EBP Provider survey; URS Table 16

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Stable, affordable housing of choice is a strong indicator of improved psychiatric stability and quality of life.

Activities and strategies/ changes/ innovative or exemplary model: Tennessee has promoted supported housing for many years. CMHAs are encouraged to assist consumers in accessing the housing of their choice and provide the financial and social supports to enable them to succeed. However, housing shortages and prohibitive costs were deterrents to movement from institutes or supervised housing into more independent living situations. CHI continues to positively impact the housing options available to consumers.

Nine of twenty CMHAs responding to the FY09 EBP Provider survey reported the availability of Supported Housing with 537 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.26	.44	.40	.38	95
Numerator	219	434	--	339	--
Denominator	83,870	98,951	--	89,054	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased access to supported employment services.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults served receiving SE services.

Measure: Numerator: Number reported receiving service.
Denominator: Total number served.

Sources of Information: FY09 EBP Provider Survey; URS Table 16

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Employment is often voiced as the first priority of consumers working toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: To assist adults to gain and maintain employment of their choice is a primary goal of Psychosocial Rehabilitation Services, which have been funded in the state for over ten years. There are currently 18 locations across the state

Collaborative Efforts between TDMHDD and Vocational Rehabilitation have also led to the development of transitional supported employment services. Regional task groups are located in local communities to develop employment opportunities for persons with mental illness. Outreach, training and technical assistance are also provided statewide to service recipients, family members, mental health service providers, employers and other interested community stakeholders regarding employment opportunities and services.

Four of twenty CMHAs responding to the FY09 EBP Provider survey reported the availability of Supported Employment with 339 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. While this goal was not achieved, it was significantly achieved at 95%. Tennessee has seen a significant increase in unemployment this fiscal year, making it difficult for individuals throughout the state to maintain employment, including those individuals with SMI.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.23	.20	.25	.23	92
Numerator	189	200	--	202	--
Denominator	83,870	98,951	--	89,054	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Maintain access to assertive community treatment.

Population: Adults assessed as SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage reported served in PACT.

Measure: Numerator: Number reported as being povided PACT.
Denominator: Total number served.

Sources of Information: FY09 EBP Provider survey; URS Table 16

Special Issues: Access to this EBP is dependent upon continuation of the service under the TennCare managed care program.

Significance: The two current PACT teams have a capacity of 200 clients.

Activities and strategies/ changes/ innovative or exemplary model: PACT teams serve a finite capacity of adult clients with minimal turnover.
Two of twenty CMHAs responding to the FY09 EBP Provider survey reported the availability of Assertive Community with 202 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. The programs for PACT services in Tennessee serve a finite capacity which makes it difficult to positively affect this goal. In order to achieve this goal additional programs would need to be funded which is unlikely to happen in the current economic climate.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.72	.42	.70	2.56	365.71
Numerator	608	415	--	2,276	--
Denominator	83,870	98,951	--	89,054	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Maintain access to family psychoeducation services.

Population: Adults with SMI.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults with SMI served receiving this EBP.

Measure: Numerator: Number receiving service.
Denominator: Total number served.

Sources of Information: FY09 EBP Provider Survey; URS Table 17

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Provider networks are encouraged to provide EBPs but the EBPs are not specified.

Activities and strategies/ changes/ innovative or exemplary model: Four of twenty CMHAs responding to the FY09 EBP Provider survey reported the availability of Family Psychoeducation with 2,276 adults with SMI served.

TDMHDD promotes the use of evidence based clinical practices, but does not fund or oversee specific models.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. A significantly higher percentage of consumers received FP.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	8.50	4.38	10	6.05	60.50
Numerator	7,130	4,334	--	5,385	--
Denominator	83,870	98,951	--	89,054	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased access to integrated services.

Population: Adults with COD.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults served receiving IT.

Measure: Numerator: Number reported receiving IT.
Denominator: Total number served.

Sources of Information: FY09 EBP Provider survey; URS Table 17

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: Integrated treatment lessens barriers to access and provides care to the whole person as opposed to a diagnosed illness.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD continues to promote the integration of treatment for COD with the provider community through collaborative projects with the Division of Alcohol and Drug Abuse Services and through provider and contract agencies in the community. TDMHDD is also contracting with seven agencies, one in each planning region, to provide Co-occurring Enhanced Intensive Outpatient services.

Nine of twenty CMHAs responding to the FY09 EBP Provider survey reported the availability of Integrated Treatment of Co-Occurring Disorders with 5,385 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. While this goal was not achieved, there is a notably higher percentage of individuals receiving IT services. TDMHDD is continuing to work with contracted providers to assure services are integrated at more agencies across the state.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1.26	.84	1.50	1.56	104
Numerator	1,054	835	--	1,391	--
Denominator	83,870	98,951	--	89,054	--

Table Descriptors:

Goal: To promote the use of evidence based practices (EBPs) in public behavioral health services.

Target: Increased use of an illness management recovery services.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage receiving IMR.

Measure: Numerator: Number reported as being povided IMR.
Denominator: Total number served.

Sources of Information: FY09 EBP Provider survey; URS Table 17

Special Issues: Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.

Significance: IMR assists consumers in accepting responsibility for their own recovery: physically, emotionally, mentally, and spiritually.

Activities and strategies/ changes/ innovative or exemplary model: Train-the-trainer sessions were conducted using the CMHS Evidence Based Practice Illness Management and Recovery (IMR) Toolkit with the goal of developing a cadre of trained practitioners who could foster the implementation of this EBP in their service area.

Seventeen of twenty CMHAs responding to the FY09 EBP Provider survey reported the availability of Illness Self-Management with 1,391 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	5.76	6	23.53	392.17
Numerator	N/A	5,704	--	20,953	--
Denominator	N/A	98,951	--	89,054	--

Table Descriptors:

Goal:	To promote access to evidence based practices within the public behavioral health system.
Target:	Determine baseline access to medication management.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percent of adults served receiving MM.
Measure:	Numerator: Number reported as being povided MM. Denominator: Total number served.
Sources of Information:	FY09 EBP Provider survey; URS Table 17
Special Issues:	Data to report this NOM is gathered by an annual provider survey using minimum fidelity criteria. The varying annual response rate and non-verifiability of numbers reported make target setting extremely difficult.
Significance:	MM can improve consumer/family understanding of medication effects and limit overmedication and interactive side effects. The use of medication algorithms is encouraged as a best practice.
Activities and strategies/ changes/ innovative or exemplary model:	The true EBP of medication management is provided to a small number of adults served under the TN MAP pilot project. A baseline of services was determined utilizing the FY08 EBP Provider survey and data collection continued in FY09. Six of twenty CMHAs responding to the FY09 EBP Provider survey reported the availability of Medication Management with 20,953 adults with SMI served.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved. A significantly higher percentage of adults with SMI are receiving MM.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	63.35	63.49	70	59.62	85.17
Numerator	3,324	3,462	--	3,075	--
Denominator	5,247	5,453	--	5,158	--

Table Descriptors:

Goal: To provide behavioral health services that are rated positively by service recipients.

Target: To attain/maintain a minimal rating of 70% of adults who report positively about service outcomes.

Population: Sample of adults receiving public mental health services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults submitting a positive survey response on outcomes domain.

Measure: Numerator: Number of positive responses reported in the outcomes domain.
Denominator: Total responses reported in the outcome domain.

Sources of Information: TDMHDD; TOMS; URS Table 11

Special Issues: The annual MHSIP has been linked to the TOMS to provide a random sample of annual survey responses.

Significance: Positive perception of care increases the likelihood of continued service acceptance and positive movement toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: The MHSIP survey was added to the TOMS web-based survey system with random TOMS participants completing the annual survey. With the increasing number of participants completing the survey, it is hoped a clearer picture will emerge regarding the way clients perceive treatment.

As WRAP, IMR and person-centered services become more widely available, consumer perception of the attainment of self-chosen goals will likely play an important role in the tenor of their responses to questions in this domain.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Data for FY08 was corrupted and therefore presented inaccurate information regarding the improved level of functioning. The corrected data for FY08 shows 63.49% of respondents had a positive response. With the budget restrictions and cuts that were proposed at varying times through the year, consumer and family concern for stability of funding may have contributed to the decrease in positive perception of care.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	22.73	22.16	25	19.40	77.60
Numerator	2,556	3,009	--	3,657	--
Denominator	11,245	13,579	--	18,855	--

Table Descriptors:

Goal: Adults with SMI are able to get and keep employment of their choice.

Target: To increase the number of adults reporting hours of paid work.

Population: Adults receiving public mental health services and participating in TOMS

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percent of adults reporting employment.

Measure: Numerator: Number of adults employed.
Denominator: Total number of adults completing employment question.

Sources of Information: TOMS Survey; URS Table 4

Special Issues: Employment is defined as reporting any number of hours worked for pay on TOMS survey question.

Significance: Employment is the number one desire of a majority of consumers who are not employed.

Activities and strategies/ changes/ innovative or exemplary model: Numerators for FY09 data were based on the TOMS survey, which reports the number of hours during a week that adults either were in school, did volunteer jobs, or worked for pay.

Approximately 17% of adults who participated in the FY09 TOMS survey reported hours of paid work. While 9% reported educational pursuits and less than 1% reported volunteer work.

The Creating Jobs Initiative (CJI) assertively and strategically partners with local communities to expand employment opportunities. TDMHDD continues to establish partnerships with providers of employment services at the state and local levels, to provide technical assistance to community mental health agencies regarding employment for mental health service recipients.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Tennessee has seen an overall decrease in employment and a rise in unemployment in the last year which has drastically effected employment for all individuals throughout the state. This decrease has also affected the employment of SMI individuals.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	8.20	11.04	10	11.13	111.30
Numerator	1,236	1,522	--	2,104	--
Denominator	15,066	13,792	--	18,900	--

Table Descriptors:

Goal: Services provided through the public mental health system have a positive impact on client behavior.

Target: To decrease the incidence of arrests in adults with SMI.

Population: Adults receiving public mental health services and participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults reporting decreased number of arrests.

Measure: Numerator: Number of adults reporting fewer or no arrests on any subsequent TOMS surveys.
Denominator: Number of adults reporting any number of arrests on initial TOMS survey.

Sources of Information: MHSIP; TOMS Survey; URS Table 19

Special Issues: As TOMS is a new system future performance indicators may be revised.

Significance: Persons with mental illness are best served in the mental health system. One goal of treatment is to reduce the likelihood of behaviors that could lead to criminal justice involvement.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD has no access to county databases of arrest records of service recipients. FY09 data show that only 5% of adults receiving services for at least 12 months reported an arrest while 14% of adults receiving services for less than 12 months reported an arrest.

For the FY09 implementation report, data will be used to determine the percentage adults responding to the survey reporting an arrest within a 12 month period.

TDMHDD supports eighteen criminal justice/mental health liaison positions serving twenty-three counties to provide interventions for adults with mental illness or COD who are in jail or at risk of being jailed and promotes collaborative educational efforts between criminal justice and mental health systems. Staff also works closely with mental health courts to assess service needs and develop diversion programs.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Due to the way TOMS data are collected, this goal had to be re-written. The numerator now is "Number of adults reporting an arrest within a 12 month period." The denominator is "Number of adults responding to the survey." Just over 11% of the respondents reported an arrest within 12 months. It is still apparent the percentage of adults reporting arrest and having received treatment for longer than 12 months continues to be less than that of adults reporting arrest and beginning services this year.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	3.13	2.47	5	2.30	217.39
Numerator	357	328	--	439	--
Denominator	11,408	13,293	--	19,111	--

Table Descriptors:

Goal:	To promote stability in housing through engagement in treatment and support services.
Target:	Maintain homelessness of service recipients at less than 5%.
Population:	Adults receiving public mental health services and participating in TOMS
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Percent of adults surveyed reporting homelessness.
Measure:	Numerator: Number indicating a homeless choice as their living situation. Denominator: Total number of adults completing living situation question on TOMS.
Sources of Information:	TOMS Survey; URS able 15
Special Issues:	Survey choices reported as homeless include shelter, on street, outside, in a vehicle, or other.
Significance:	Recovery includes access to safe and affordable housing. The combination of federal outreach initiatives, consumer support services, housing development initiatives and independent living subsidies markedly improve options for individuals who are homeless.
Activities and strategies/ changes/ innovative or exemplary model:	The combination of federal outreach initiatives, consumer support services, housing development initiatives and independent living subsidies markedly improve options for individuals who are homeless. TOMS data for FY09 shows a continued downward trend in homelessness, with approximately 53% of the individuals responding reporting an improvement in their housing situation.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved. Adults reporting homelessness is less than 5%.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	68.30	68.52	70	65.95	94.21
Numerator	3,590	3,742	--	3,477	--
Denominator	5,256	5,461	--	5,272	--

Table Descriptors:

Goal: To assist and empower consumers to develop positive support systems.

Target: To attain/maintain a minimum rating of 70% positive response to Social Connectness (SC) Domain.

Population: Adults receiving public mental health services taking the adult annual TOMS survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults submitting a positive survey response on SC domain.

Measure: Numerator: Number of positive responses reported on the SC domain.
Denominator: Total responses received on the SC domain.

Sources of Information: MHSIP; TOMS: URS Table 9

Special Issues: The MHSIP survey has been added to the web-based TOMS.

Significance: Recovery and community integration can be measured by normal relationships and activities within the community as a whole.

Activities and strategies/ changes/ innovative or exemplary model: As narrated throughout this plan, TDMHDD supports a variety of services and supports to increase the social connectedness of consumers and families beyond the provider community.

The MHSIP survey was recently added to the TOMS web-based survey system with random TOMS participants completing the survey annually. The TOMS consumer outcomes tool also includes questions similar to those on the MHSIP in the Social Connectedness Domain.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Data for FY08 was corrupted and therefore presented inaccurate information regarding the social support/social connectedness. The corrected data for FY08 shows 68.5% of respondents had a positive response. With the overall climate of uncertainty regarding funding and eligibility for mental health coverage, consumer and family concerns are likely to be reflected in the social support/social connectedness consumers are feeling.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	64.16	64.46	70	59.45	84.93
Numerator	3,325	3,473	--	3,058	--
Denominator	5,182	5,388	--	5,144	--

Table Descriptors:

Goal: To improve the everyday functioning of service recipients.

Target: To attain/maintain a minimum rating of 70% of adults who report positively on the Level of Functioning domain.

Population: Adults receiving public mental health services taking the adult annual MHSIP survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percent of adults submitting a positive survey response on level of functioning domain questions.

Measure: Numerator: Number of positive responses reported on the functioning domain.
Denominator: Total responses received on the functioning domain.

Sources of Information: MHSIP Survey; TOMS; URS Table 9

Special Issues: MHSIP is now part of the TOMS web-based system.

Significance: The ability to function satisfactorily in major life roles is necessary to achieve recovery goals.

Activities and strategies/ changes/ innovative or exemplary model: Persons with a mental illness want and need what everybody wants and needs - friends, families, a good education, a good job, and things to do for fun and relaxation. The successful attainment of any of these simple goals can be negatively influenced by symptoms, side effects, behaviors, or frequent hospitalizations.

A combination of effective clinical care, illness management education, and peer and family support contributes to personal growth and successful community integration. The regular TOMS consumer outcomes survey includes questions similar to those on the MHSIP in the Functioning Domain.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Data for FY08 was corrupted and therefore presented inaccurate information regarding the improved level of functioning. The corrected data for FY08 shows 64.46% of respondents had a positive response. With the overall climate of uncertainty and insecurity regarding funding and eligibility for mental health coverage as well as the economic distress this past year, consumers and family members are experiencing increased stress which would have a significant effect on improvements in level of functioning.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Services to Older Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1,008	760	900	886	98.40
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To engage older adults with mental health issues in a treatment/support community.

Target: To maintain specialized services to 900 older adults.

Population: Adults age 55 and Over with mental illness.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Number engaged in treatment/support services.

Measure: Number

Sources of Information: Annual Project Reports

Special Issues: Data will include numbers served by four Older Adult Outreach Projects.

Significance: Older adults are less likely to seek mental health or substance abuse treatment through the traditional mental health service system and are best engaged through collaboration with primary care and other older adult non-treatment service communities.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD recognizes that older adults are underserved within the behavioral health system and promotes projects and outreach activities to better serve them. Four projects provide outreach, screening, assessment, linkage, treatment and supportive services to persons age 55 and over with mental health service needs. These projects also provide community mental health education to promote awareness and knowledge about geriatric mental health concerns. Topics may include signs of misuse and abuse of substances including over the counter medications; signs of dementia, depression, anxiety, and paranoia; signs of elder abuse, and techniques for dealing with disruptive and aggressive behaviors. More general topics related to life experiences of older adults such as grief and loss, loneliness, stress management, and coping with change may also be presented.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. While not achieved at 100%, target was significantly achieved at 98.4%

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SMI Priority Population Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	11,851	10,843	16,000	22,918	143
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To ensure access to necessary mental health services.

Target: To serve 16,000 adults.

Population: Adults assessed as SMI without a payor source for treatment.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of adults with SMI served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: TDMHDD Office of BHSN Services

Special Issues: The MHSN currently serves adults with SMI who were disenrolled from TennCare. As of January 1, 2009, other non-Medicaid adults currently served through the managed care system will be eligible for services through the MHSN program.

Significance: TDMHDD is striving to maintain access to necessary mental health services for priority adults without coverage for mental health services.

Activities and strategies/ changes/ innovative or exemplary model: As of January 1, 2009, the BHSN began serving all individuals who were disenrolled from TennCare and met eligibility requirements, including the former "State only/Judicial" population. With the influx of the "State only/Judicial" population, a significant increase was seen in SMI adults without a payor source for treatment.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. With the influx of the State Only/Judicial population it was expected the number of SMI adults receiving BHSN services would increase.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Support for Recovery Oriented Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	54	57	50	57	N/A
Numerator	4,179,500	4,389,500	--	4,389,500	--
Denominator	7,651,500	7,651,500	--	7,651,500	--

Table Descriptors:

Goal: To assure availability of support and recovery-oriented services for adults with SMI.

Target: To expend a minimum of 50% of Block Grant funding for recovery-oriented services for adults with SMI.

Population: Adults with SMI.

Criterion: 5:Management Systems

Indicator: Percent of block grant funds allocated for recovery-oriented services.

Measure: Numerator: Amount of Block Grant dollars spent on recovery-oriented services
Denominator: Total amount of Block Grant funding minus administrative costs

Sources of Information: TDMHDD Budget

Special Issues: Allocations are based on continued ability to expend Block Grant funding for non-treatment services.

Significance: Recovery-focused activities provide peer counseling and support, illness management education and help with daily skill building.

Activities and strategies/ changes/ innovative or exemplary model: Non-clinical services, especially recovery and support services are considered important for maintaining wellness, promoting empowerment, improving community reintegration and contributing to improvement in an individual's quality of life.

Since FY07, TDMHDD has utilized the majority of state and federal funding to pilot, promote, maintain and enhance a variety of service initiatives that assist adults with a serious mental illness to live, work, learn and participate fully in their communities.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	52,468	52,649	52,500	64,884	123.59
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Maintain access to publicly funded behavioral health services for children and youth.

Target: At least 52,500 children and youth are served through the public system.

Population: Children and youth.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number served.

Measure: Number

Sources of Information: TennCare; CoverKids; URS Table 2

Special Issues: TDMHDD does not provide clinical treatment services to children and youth. The ability to provide data on this NOM is dependent upon successful negotiation for data sharing with TennCare and CoverKids programs.

Significance: As of June 30, 2008, approximately 4% of TennCare-enrolled children and youth enrollees were assessed as SED.
Reporting on this measure is dependent upon access to data from TennCare and CoverKids.

Activities and strategies/ changes/ innovative or exemplary model: TennCare enrollment remains available for children and youth under age 21 who meet eligibility requirements for Medicaid and for a small group of non-Medicaid eligible children meeting certain other criteria. TDMHDD is working with TennCare to obtain the data necessary to complete these goals.

CoverKids serves not only as the state's SCHIP program, but also as a buy-in health insurance program for families with income greater than 250% of the poverty level without access to affordable health care coverage for their children. The extent to which the public mental health services portion of CoverKids can be reported is also currently unknown.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	9.01	3.95	10	7.43	134.59
Numerator	78	21	--	26	--
Denominator	866	532	--	350	--

Table Descriptors:

Goal: To offer effective inpatient treatment and continuity of care to maximize community tenure.

Target: Maintain a "readmission within 30 days" rate of 10% or less.

Population: Children and youth under age 18 discharged from state inpatient care.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of discharges readmitted within 30 days.

Measure: Numerator: Number readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues: Only two of five state psychiatric hospitals serve children and youth.

Significance: Children are best served within the context of family and community.

Activities and strategies/ changes/ innovative or exemplary model: The managed care organizations contract with RMHIs and private psychiatric hospitals to provide inpatient care to children and youth. Readmission rates within 30 days are often dependent not only upon continuity of clinical care for the child, but linkage to community education and support services for the family. Standards of care exist within the managed care organizations regarding continuity of care.

It is noted that the readmission rate within 30 days to all psychiatric facilities has historically been just slightly higher than readmission rates to state hospitals.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Readmission rate remained below 10%.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	21.13	12.41	20	11.43	174.98
Numerator	183	66	--	40	--
Denominator	866	532	--	350	--

Table Descriptors:

Goal: The public mental health systems includes effective community alternatives to inpatient treatment.

Target: Maintain "readmission to within 180 days" of discharge rate to 20% or less.

Population: Children and youth below age 18 discharged from state inpatient care.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of discharges readmitted within 180 days.

Measure: Numerator: Number readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: TDMHDD Office of Hospital Services; URS Table 20A

Special Issues: Only 16% of inpatient psychiatric hospitalization of children is at a state facility.

Significance: A major goal of a comprehensive service system is the availability of effective community and in-home alternatives to hospitalization.

Activities and strategies/ changes/ innovative or exemplary model: While serious emotional disturbances can require hospitalization for necessary adjustments or crisis situations, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide early intervention and family-centered services within the home, school, or other least restrictive environment.

Intensive in-home services for at risk children, education and support for caregivers of children with SED and other emotional and behavioral issues and intensive, specialized interventions by children and youth crisis services programs, all serve to impact the child's ability to remain in the family and community setting.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Readmission rate remained below 21%.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	3	2	3	3	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To promote the use of behavioral health interventions having consistent, scientific evidence showing improved outcomes.

Target: To maintain availability of evidenced-based practices.

Population: Children and Youth

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of SAMHSA recommended evidenced based practices being provided in Tennessee.

Measure: Number

Sources of Information: Provider Survey

Special Issues: States may be providing other best practices that are not included in the URS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: The URS Table 16 list of Evidenced Based Practices for children includes:

1. Therapeutic Foster Care (TFC)
2. Multi-Systemic Therapy (MST)
3. Family Functional Therapy (FFT)

The number of children and youth receiving EBP services is reported by means of an annual provider survey. In FY09, agencies were asked to respond service numbers based only on programs that met minimum fidelity requirements. All services were reported, but are not widespread.

DCS provides foster care services and contracts with area CMHAs to provide specialized training and support services to foster parents who provide TFC services.

Two of twenty CMHAs reported provided MST while the FFT model of care was reported by only one CMHA.

While TDMHDD and the MCCs promote the use of evidenced based practices, there are no contractual requirements determining which recognized programs are used.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	10.39	8.40	10	9.03	90.30
Numerator	3,048	2,773	--	2,678	--
Denominator	29,336	33,004	--	29,660	--

Table Descriptors:

Goal: To promote the use of evidence based practices within the public service system.

Target: To maintain the number served at or near the FY07 service level.

Population: Children and youth served by DCS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of children and youth receiving TFC.

Measure: Numerator: Number receiving TFC.
Denominator: Total number SED served.

Sources of Information: Data Requests from DCS; TennCare

Special Issues: Annual data from DCS reporting the number of children and youth served in TFC is not specified by mental health priority population. TDMHDD access to service data from TennCare and CoverKids is not confirmed at this time.

Significance: A correlation between the population receiving TFC and the population of children with SED served through TennCare and CoverKids is not clear.

Activities and strategies/ changes/ innovative or exemplary model: Families are sometimes unable or unwilling to care for children. DCS is responsible for providing temporary care or foster care for many of these children. DCS recruits foster families who provide safe and supportive homes in which the children's emotional, physical and social needs can be met. Sometimes, specialized training is necessary to provide such care. TFC is a temporary service until the family and, in some cases, the child can address the problems which made placement necessary. When parents cannot or will not make their home safe for the child's return, other permanent options are sought. These include adoption or, for older youth, independent living arrangements.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. DCS is the only provider of TFC services in the state and their goal, regardless of the type of placement, is to decrease children in custody. This priority of decreasing children in custody, therefore, can have a negative effect on TFC services.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1.89	.76	2	1.88	94
Numerator	555	250	--	558	--
Denominator	29,336	33,004	--	29,660	--

Table Descriptors:

Goal: To promote evidenced-based practices within the public mental health system.

Target: To maintain access to Multi Systemic Therapy.

Population: Children and Youth

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of children and youth receiving MST.

Measure: Numerator: Number receiving EBP service.
Demoninator: Total number served.

Sources of Information: FY09 EBP Provider Survey; TennCare

Special Issues: Data to report this NOM is gathered by an annual provider survey including minimum fidelity criteria. The varying response rate and non-verifiability of this method makes target setting extremely difficult.

Significance: A correlation between the population receiving MST and the population of children with SED served through TennCare and CoverKids is not clear.

Activities and strategies/ changes/ innovative or exemplary model: Provision of clinical services for children and youth is not under the auspices of the state mental health authority.
In the 2009 provider survey, two of twenty agencies reported providing MST according to minimum fidelity criteria. Other CMHAs report use of components of MST within their children and youth programs, but do not meet fidelity criteria for the model.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Very few CMHAs in the state are providing MST services to children and youth and with the low number of service providers it is difficult to increase the number of consumers served.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.34	0	.40	.75	187.50
Numerator	100	0	--	222	--
Denominator	29,336	N/A	--	29,660	--

Table Descriptors:

Goal: To promote evidence based practices within the public mental health system.

Target: Maintain access to Family Functional Therapy.

Population: Children and youth with SED.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent receiving FFT.

Measure: Numerator: Number receiving FFT.
Denominator: Total number served.

Sources of Information: FY 09 EBP Provider Survey; TennCare

Special Issues: TDMHDD does not contract for clinical services to children and youth. Data to report this NOM is gathered by an annual provider survey including minimum fidelity criteria. The varying response rate and non-verifiability of this method makes target setting extremely difficult.

Significance: Correlation between number receiving EBP and number of SED served is not clear.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD promotes the use of EBPs but has no contracts specific to the provision of FFT.
One of twenty CMHAs reported availability of FFT.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	67.54	67.61	70	57.91	82.73
Numerator	1,138	1,144	--	809	--
Denominator	1,685	1,692	--	1,397	--

Table Descriptors:

Goal: Behavioral health services for children and youth result in positive, measurable and observable outcomes.

Target: To attain/maintain a positive outcomes rating of 70%.

Population: Children and youth whose parents complete a MHSIP survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of positive responses.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in outcomes domain.
Denominator: Unduplicated # of individuals responding to domain questions.

Sources of Information: MHSIP; TOMS; URS Table 11

Special Issues: Similar questions on the TOMS will be compared for validity.

Significance: An observable improvement provides opportunities for positive feedback to the child and promotes acceptance of treatment for the caregiver.

Activities and strategies/ changes/ innovative or exemplary model: The highest goal of any service system is to attain the best possible outcome for the service recipient and his or her family. The MHSIP survey was added to the TOMS web-based survey system. With the increasing numbers of participants completing the survey, it is hoped a clearer picture will emerge regarding the way clients perceive treatment.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Data for FY08 was corrupted and therefore presented inaccurate information regarding the improved level of functioning. The corrected data for FY08 shows 67.6% of respondents had a positive response. With the budget restrictions and cuts that were proposed at varying times through the year, consumer and family concern for stability of funding may have contributed to the decrease in positive perception of care.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	10.32	11.77	10	10.18	101.80
Numerator	354	584	--	183	--
Denominator	3,429	4,963	--	1,797	--

Table Descriptors:

Goal: Children and youth receiving publicly funded mental health services improve in school attendance.

Target: No more than 10% of TOMS parent surveys will report 6 or more missed days of school.

Population: Parents of children and youth receiving public mental health services who participate in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of children missing 6 or more days of school.

Measure: Numerator: Number reporting 6 or more days of school missed on TOMS surveys.
Denominator: Total number of parents completing TOMS surveys.

Sources of Information: TOMS Survey; URS Table 19b

Special Issues: As TOMS is a new system, future performance indicators may be revised.

Significance: A goal of treatment is adequate role functioning for children and youth with mental illness or emotional disturbances. Attendance at school is a normal role for most children and youth.

Activities and strategies/ changes/ innovative or exemplary model: TN is unable to report URS table 19 as currently developed and is attempting to measure the impact of serious emotional disturbance on school attendance. According to the Tennessee Department of Education, more than five unexcused absences, consecutive or not, constitute truancy within a school year.

Data for this measure is taken from the TOMS Parent Survey for children and youth ages 5-17. The TOMS Youth Survey is administered to ages 13 through 17 years and generally reflects a self-reported higher number of days absent from school.
While this information is helpful for planning, it has been determined the results of the parent survey represents not only a larger number of surveys completed, but also a wider age span for children and youth and therefore, was utilized in reporting this NOM.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. While this goal was not met at 100%, the percentage of children missing school fell just above the 10% targeted.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	3.53	5.42	1	7.74	774
Numerator	132	98	--	706	--
Denominator	3,740	1,808	--	9,125	--

Table Descriptors:

Goal: Children and youth receiving public mental health services will show decreased involvement in the juvenile justice system.

Target: One percent of chidren and youth will report decreased arrests.

Population: Children and youth receiving public mental health services participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent reported with decreased number of arrests.

Measure: Numerator: Number of children and youth reporting fewer or no arrests on subsequent TOMS surveys.
Denominator: Number of children and youth with any number of reported arrests on initial TOMS survey.

Sources of Information: MHSIP; TOMS Survey; URS Table 19A

Special Issues: As this is a new goal, there is no projected FY08 data.

Significance: One goal of treatment is to reduce the likelihood of behaviors that could lead to juvenile justice involvement.

Activities and strategies/ changes/ innovative or exemplary model: Criminal justice history obtained through the MHSIP and TOMS parent surveys showed that children and youth who had been in treatment for at least twelve months had a significantly lower number of arrests or court appearances than those in services for less than twelve months. For the FY09 Implementation report, data show that only 6% of children and youth receiving services for at least twelve months reported and arrest while 8% of children and youth receiving services for less than twelve months reported an arrest.

It has been determined the results of the parent survey represents not only a larger number of surveys completed, but also a wider age span for children and youth and therefore, was utilized in reporting this NOM.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Due to the way TOMS data are collected, this goal had to be re-written. The numerator now is "Number of parents of children and youth reporting an arrest within a 12 month period." The denominator is "Total number of parents responding to the survey." Just fewer than 8% of the respondents reported an arrest within 12 months. It is still apparent the percentage of children and youth reporting arrest and having received treatment for longer than twelve months continues to be less than that of children and youth reporting arrest and beginning services this year.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.43	.05	1	.07	1,428.57
Numerator	26	3	--	7	--
Denominator	6,117	5,529	--	9,359	--

Table Descriptors:

Goal: To promote stability in housing through engagement in behavioral health treatment and family support.

Target: Maintain homelessness at less than 1%.

Population: Children and youth participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent served who report homelessness.

Measure: Numerator: Number indicating a homeless choice as living situation on any parent or youth TOMS survey.
Demoninator: Total number of parents or youths reporting living situation.

Sources of Information: TOMS Survey; URS Table 15

Special Issues: A very small number of children and youth receiving services at CMHAs report homeless status.

Significance: Living in a homeless family places a child at high risk for developing emotional and/or behavioral issues.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD provides outreach to homeless families who have children living as part of the family. Children are assessed and linked to necessary services. Caregivers are evaluated for needs and referred for mental health, substance abuse or medical evaluations. Parents are linked to services and supports that can assist them in breaking the cycle of homelessness due to domestic violence, mental illness or addiction.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved. Percentage of children and youth reporting homelessness is less that 1%.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	87.54	87.59	87	85.73	98.54
Numerator	1,518	1,525	--	1,280	--
Denominator	1,734	1,741	--	1,493	--

Table Descriptors:

Goal: To promote social support systems for parents/caregivers of children and youth with mental illness or emotional disturbances.

Target: To maintain an 87% positive rating for domain.

Population: Caregivers of C&Y receiving publicly funded services and completing a MHSIP annual survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of parents submitting a positive survey response.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in SC domain.
Denominator: Unduplicated # of individuals responding to SC domain questions

Sources of Information: MHSIP; TOMS Survey; URS Table 9

Special Issues: Similar questions on the TOMS will be compared for validity.

Significance: Social connectedness can help parents, grandparents, or other caregivers feel better equipped to deal with problem issues with their children and with providers.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD supports a variety of family support, advocacy and consultation activities targeted to promote support for families of children with emotional and/or behavioral disorders. Pamphlets for various support groups are available in provider waiting areas, parent groups may be held at agencies in the evenings, and regional advocacy staff makes presentations for parents, teachers and others on a routine basis.

Homogenous support, education, and self-help groups have long demonstrated an effectiveness at helping people feel that they are not alone, that there are things that work, and that there are others who understand and will listen and share what helps them. Adequate education and support for the parent or caregiver can enable a more appropriate response to the child's actions, decrease overall frustration, and instill a sense of hope within the family.

Target Achieved or Not Achieved/If Not, Explain Why: Not achieved. Data for FY08 was corrupted and therefore presented inaccurate information regarding the improved social supports/social connectedness. The corrected data for FY08 shows 87.6% of respondents had a positive response. With the overall climate of uncertainty regarding funding and eligibility for mental health coverage, consumer and family concerns are likely to be reflected in the social supports/social connectedness consumers are feeling. While this goal was not achieved at 100% it was significantly achieved at 98.54%.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	70.63	70.70	70	61.33	87.61
Numerator	1,181	1,187	--	847	--
Denominator	1,672	1,679	--	1,381	--

Table Descriptors:

Goal: To promote behavioral health services that result in increased level of functioning (LOF).

Target: To maintain a 70% rating on LOF domain.

Population: Parents of C&Y receiving publicly funded services and completing a MHSIP annual survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percent of positive survey responses on LOF domain.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in functioning domain.
Denominator: Unduplicated # of individuals responding to domain questions

Sources of Information: MHSIP; TOMS Survey; URS Table 9

Special Issues: Similar questions on the TOMS will be compared for validity.

Significance: Improved functioning levels in school, with family and others is a sign of treatment success and enhances resiliency in the child or youth.

Activities and strategies/ changes/ innovative or exemplary model: While clinical treatment services to children and youth are provided through other state agencies, TDMHDD provides a wide range of support and education services for children and their families and caregivers. Anti-stigma presentations promote acceptance of children with mental illness or children with family members who have mental illness.

The promotion of best practices and a recovery/resiliency philosophy can improve the likelihood of understanding and appropriate responses within a child's treatment, home, school and community environment, enhancing positive responses to treatment and functioning levels.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Data for FY08 was corrupted and therefore presented inaccurate information regarding the improved level of functioning. The corrected data for FY08 shows 70.7% of respondents had a positive response. With the overall climate of uncertainty and insecurity regarding funding and eligibility for mental health coverage as well as the economic distress this past year, consumers and family members are experiencing increased stress which may have a significant effect on improvements in level of functioning.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SED Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	29,336	33,004	29,400	29,660	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Maintain access to publicly funded services for children and youth with SED.

Target: Monitor number served annually.

Population: Children and youth enrolled in TennCare and CoverKids.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Undulicated number served.

Measure: Number

Sources of Information: TennCare; CoverKids; URS Table 14

Special Issues: TDMHDD currently has no assurance of data access to numbers served in these programs.

Significance: TDMHDD wishes to assure behavioral health service access to those most in need, children and youth assesses as SED.

Activities and strategies/ changes/ innovative or exemplary model: TennCare provides data regarding services provided to SED population. We are attempting to develop a means to obtain this data accurately from CoverKids.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

Transformation Activities: ☑

Name of Implementation Report Indicator: Support for Early Intervention

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	22.82	22.81	20	22.82	100
Numerator	1,745,500	1,745,500	--	1,745,500	--
Denominator	7,651,500	7,651,500	--	761,500	--

Table Descriptors:

Goal: To ensure the availability of early intervention services for children and youth.

Target: To maintain a minimum of 20% of Block Grant funding for early intervention and prevention services.

Population: Children and Youth with or at risk of SED

Criterion: 5:Management Systems

Indicator: Percent of block grant funds being used for prevention and early intervention services.

Measure: Numerator: Amount to be allocated for prevention and early intervention services
Denominator: Total amount of block grant funding minus administrative costs

Sources of Information: TDMHDD Office of Fiscal Services; Budget Allocation

Special Issues: Block grant allocations include BASIC, Renewal House, Early Childhood Network and Jason Foundation for Suicide Prevention.

Significance: Children and youth under eighteen comprise nearly 25% of Tennessee's population. Early prevention and intervention services are considered most important to avoid the development of more serious emotional and/or behavioral problems.

Activities and strategies/ changes/ innovative or exemplary model: TDMHDD is committed to a philosophy of prevention, early identification and intervention services. The Department uses federal and state funding to support services aimed at prevention and the early identification of behavioral and/or emotional problems in children and youth. These include: 1) Child Care Consultation to day care providers, early childhood centers, and pre-kindergarten programs; 2) The Regional Intervention Program (RIP) provides early treatment for families with children under six years old who have moderate to severe behavior disorders; 3) The Early Childhood Network, a collaborative systems of care effort; and 4) Project BASIC, a school-based mental health early intervention and prevention program.

BASIC and RIP were developed in Tennessee more than twenty years ago and have expanded across the state. BASIC has been nationally recognized by the American Psychiatric Association and RIP has been extensively researched as a best practice. A number of states seek information, consultation, and training from Tennessee to replicate these programs.

In light of state fiscal constraints and competing priorities, Tennessee strives to ensure the continued availability of early intervention and prevention programs through a dedicated minimum portion of Block Grant funding.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

Upload Planning Council Letter for the Implementation Report

Tennessee Department of Mental Health and
Developmental Disabilities Planning and Policy Council
c/o 425 5th Avenue North
5th Floor Cordell Hull Bldg.
Nashville, Tennessee 37243

ROBERT BENNING — **CHAIR**
CAROL WESTLAKE — **VICE-CHAIR**
JUDE WHITE — **VICE-CHAIR**

November 30, 2009

Ms. Barbara Orlando
Grants Management Specialist
Division of Grants Management OPS, SAMHSA
One Choke Cherry Lane, Room 7-1091
Rockville, MD 20850

Dear Ms. Orlando,

The Tennessee Department of Mental Health and Developmental Disabilities Planning and Policy Council recently had an opportunity to review the 2009 CMHS Block Grant Implementation Report. No comments were generated.

In general, given the state of the economy in Tennessee and throughout the nation, the Council believes that the Department, in response to specific requests by the governor to reduce their budget during this FY, has made some very difficult choices, while preserving those services that impact our most vulnerable citizens in need. More difficult yet is the task at hand were each agency of state government has again been asked to submit budget reductions in the amount of six and three percent for FY2010/2011.

Last legislative session the Council along with other advocacy groups was very successful in mitigating the proposed cuts for mental health and was successful in influencing the General Assembly to appropriate approximately 15 million new dollars which included both recurring and one time revenues.

Thus the Departments and the Councils challenges this coming session are substantially more daunting; however all of us are committed to the task.

Sincerely,

Robert J. Benning

Robert J. Benning, Chair
TDMHDD Planning and Policy Council

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

ANNUAL STAKEHOLDER REPORT OF MENTAL HEALTH SERVICE ACTIVITIES

FISCAL YEAR 2009

JULY 1, 2008 – JUNE 30, 2009

Tennessee Department of Mental Health and Developmental Disabilities

Division of Recovery Services and Planning
Planning Section

December 1, 2009

TENNCARE PARTNERS PROGRAM (M/S)

Served

- Provided behavioral health services to 118,811 adults and 64,884 children and youth.
- Of those served, 89,054 adults were assessed as SMI, and 29,660 children and youth were assessed as SED.
- Approximately 18% of adults and 3% of children and youth had a co-occurring diagnosis of a mental illness and a substance abuse disorder.

Crisis Response Services
$3,248,155 (S)
A statewide 24/7 response capability for persons experiencing a psychiatric crisis.

- Completed a total of 50,685 face to face assessments: 86% 18 and above and 14% under age 18.
- Payor source of persons receiving face to face assessments: 45% TennCare, 10% Medicare, 10% Commercial Insurance, 35% none.
- 10% of persons receiving face to face assessments were active in case management.
- Statewide mean response time = 39 minutes for "psychiatric emergency" and 61 minutes for "urgent" assessments.
- Rate of diversion from hospitalization = 58%.

Crisis Respite (S)
$424,407
A non-hospital facility-based service that offers twenty-four hour support with behavioral health treatment, including medication management and illness management and recovery services, with a focus on short-term stabilization. The setting is less restrictive than a crisis stabilization unit or other higher level treatment resource and the individual must be willing to go voluntarily. The state provides funding for units in Nashville, Cookeville, and Columbia, TN.

Crisis Stabilization Unit Services (S)
$5,760,311
A non-hospital facility-based service offering intensive, short-term stabilization services for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. During this year four new crisis stabilization units were opened throughout the state. Frontier Health opened a unit in Johnson City, TN in May; The Helen Ross McNabb Center opened a unit in Knoxville, TN and Pathways of Tennessee opened a unit in Jackson, TN, both in February; and Southeast Mental Health Center, Inc. opened a unit in Memphis in April.

With the addition of the four new Crisis Stabilization Units, there were over 4,225 total admissions throughout the state for FY09.

Crisis stabilization services also receive a substantial amount of TennCare funding.

TDMHDD – ADULT SERVICES

Assisted Living Housing (BG)
$210,000
A transitional housing program to assist individuals in gaining skills necessary to live independently in the community. Assisted housing sites served 78 unduplicated adults.
Of those leaving assisted housing

- One third were moved to supportive living housing
- One third were discharged to independent housing
- One third were discharged housing defined as other.

Behavioral Health Safety Net Program (S)
$17,300,000
A core service package of clinical, medication, and case management services designed to provide basic services to adults with SMI disenrolled from the TennCare waiver population. Includes access to free and subsidized medications.

- As of July 7, 2009, adults registered for services totaled 20,347.
- In FY09 22,918 adults received services.
- Over 183,397 individual services were delivered.

Consumer Housing Specialists (S)
$225,700
Four Consumer Housing Specialists assist the CHI through outreach and education to reduce stigma, through consumer education about how to access safe, quality, affordable housing options, through consumer support to access funding for supportive housing, through consumer and family training on how to access web-based information on housing, and through assuring the web-based housing information is updated and accurate.

Consumer/Family Support Services (S/BG)
$599,982
The Consumer/Family Support Services develop consumer and family advocacy and support services that offer emotional support, education, and information to consumers with mental illness and their families.
(This includes BRIDGES, With Hope in Mind (WHM), and In Our Own Voice.)

- The BRIDGES curriculum was provided to 324 consumers with 170 graduates.
- Three (3) regional consumer advocates responded to 1,231 individual consumer requests and provided 62 training events with 1,826 consumers trained in self advocacy skills.
- Thirty-six consumer support groups were attended by more than 3,957 consumers of mental health services.
- National Alliance on Mental Illness – Tennessee (NAMI-TN) expanded to 45 local and two campus affiliate groups offering monthly support groups and educational meetings.
- The NAMI-TN statewide Help Line assisted 5,453 individuals with information and referral and/or supportive counseling services.
- Twenty-seven WHM family education classes were conducted to 236 participants.
- In Our Own Voice, a consumer-run community awareness program, trained and certified 113 presenters and made 146 presentations to 3,653 persons.

Co-Occurrence Project (S)
$390,613
All programs developed strategies to better serve people affected by co-occurring disorders. During the fiscal year, there were 10 contracted COD case management programs for uninsured adults and community outreach programs throughout the seven (7) TDMHDD service regions, and one (1) COD education, training and consultation program that served Statewide.

- COD case management and community outreach served 3,841 service recipients.
- COD education, training and consultation were delivered to 337 professionals.

Creating Homes Initiative Counseling/Consultation (S)
$60,000
Six people per year with very low income and a history of mental illness are assisted in becoming home owners. Homebuyer education classes are provided. Upon successful completion of the classes, participants who qualify receive down payment and closing cost assistance grants.

Creating Jobs Initiative (S)
$137,700
The CJI program offers supported employment and education services to adults with mental illness or COD in the Chattanooga area through the establishment of an Employment Resource Center with trained staff to address the employment needs of individuals with mental health issues.

- AIM's Employment Resource Center served 133 consumers.
- AIM's Employment Resource Center employed 57 consumers.
- Formal education or training was provided to 60 enrollees.
- Individual training and/or education services were provided to 492 consumers.

Criminal Justice / Mental Health Liaison Projects (S/BG)
$849,000
Provides interventions for adults with mental illness or co-occurring disorders of mental illness and substance abuse who are in jail or at risk of being jailed and promotes collaborative educational efforts between criminal justice and mental health systems.

- Nineteen case management liaisons were funded in 23 counties. Statistics for these programs are not yet available.
- Approximately $206,000 has been allocated to services for appropriate consumers who will be referred to community services based on their most immediate clinical or recovery support need for which there is no alternate source of funding and would expeditiously divert the offender from the county jail. This would include but not be limited to: stable housing assistance, medication assistance/management, mental health and/or substance abuse treatment

Housing within Reach Website (S)
$16,000
The Housing within Reach Website served as the model for an expanded Recovery within Reach website that will be launched on December 1, 2009, as part of a Real Choice Systems Change grant. Recovery within Reach will include Housing within Reach in its entirety. The Housing within Reach is a user-friendly site that assists consumers, family members, advocates and providers to locate housing options available across the state.

HUD & Permanent Housing (S)
$3,968,860
A range of supportive housing options including independent supportive apartments, congregate group homes and 24/7 supervised congregate living. Funding provides support services and operating cost for 613 beds at 76 facilities.

- Served 702 in group homes, independent apartments and permanent housing sites.

Independent Living Assistance (S)
$592,000
Short-term subsidies for people with severe mental illness living below Federal Poverty Level to assist in securing and keeping housing, utilities and needed medical, dental and eye care.

- Average monthly income of adults receiving assistance was $689.
- Served 2409 duplicated individuals (2169 unduplicated) through 20 agencies.
- Subsidies provided assistance for the following needs: 48% for rental deposits, 40% for utility supplements, 9% for rental deposits, 2% for dental care, and 1% for eye care.
- Average subsidy provided (unduplicated) was $ 225.00

Intensive Long-Term Support Program (S)
$787,000
This project provides a variety of intensive supports and services to met individual needs of consumers discharged from a state psychiatric hospital to facilitate their success in a stable living situation in the community with minimal re-hospitalization.

- Services provided at five group homes with 40 beds to 49 individuals.
- Survey of residents showed two and a half times reduction in hospital days after entry.

Older Adult Care Project (BG)
$280,000
These projects provide outreach, screening, assessment, linkage, treatment and supportive services (collectively referred to as “care management”) to older adults age 55 and over who have mental health needs in addition to providing community mental health education to promote awareness and knowledge about geriatric mental health concerns. The Older Adult Projects collaborate with area primary care physicians and other adult community services agencies to identify, assess and treat older adults. Services may be offered in the individual's home, community mental health center or at a primary care site accessed by older adults. The majority of services are provided to individuals who have Medicare only or are self-pay and not eligible for case management under TennCare. Funds support four programs.

- Provided in-home depression screening and in-home counseling sessions to 886 seniors unable to access services outside of their home.
- Served 4,680 seniors through a variety of wellness groups, community education activities, assessments, consultations, case management and outpatient counseling sessions.

Olmstead Funding
$20,000
Olmstead funds were used to support Recovery and Resiliency educations forums that were planned for each of the three grand regions of the state. The forum in the east region

was held on Friday, May 15, 2009, in Jackson, Tennessee, with 100 people in attendance. Forums were planned for the middle and west regions in FY10. The purpose of each of the forums is to educate consumers, family members, and providers on the principles and philosophy of recovery and resiliency.

PATH – Projects for Assistance in Transition from Homelessness (S/F)
$999,500
This program provides outreach and case management services for adults with serious mental illness who are homeless or at risk of homelessness to link them with treatment, support and housing opportunities.

- Contacted 2210 homeless individuals.
- Provided homeless case management services to 2082 adults with mental illness.
- Upon discharge from PATH, 593 individuals were receiving SSI or other government income assistance, 551 TennCare and 268 BHSN.

Peer Support Centers (S/BG)
$4,625,160
A consumer-run peer support, education, and socialization program for adult consumers of mental health services.

- Outcomes demonstrated in the 2009 consumer satisfaction survey of PSC members showed that:
    - 92% felt they were less likely to be hospitalized,
    - 95% were better able to ask for help when needed,
    - 94% felt more in control of their life, and
    - 94% reported participating more fully in their treatment and recovery.

Real Choice Systems Change Grant (Gateway to Recovery) (F)
$243,000
The grant goal is to provide a Person-Centered Planning process for each consumer that identifies his/her strengths, capacities, preferences and needs. Certified Peer Specialists will work with consumers to help them optimize choice, embrace personal responsibility and receive coordinated quality care.

- To date, 137 WRAP facilitators have been trained.
- In addition, 36 IMR facilitators have been trained.
- Website to be used by consumers, caregivers and providers to link to resources in communities is being developed.

Regional Housing Facilitators (S)
$537,350
These facilitators work with local communities to increase the current permanent supportive housing available for consumers diagnosed with serious and persistent mental illness and co-occurring disorders. The Regional Housing Facilitators (RHFs) provide technical assistance to local community partners to write grants, secure financial support from multiple funding streams and then coordinate the creation and improvement of housing opportunities

- This program creates an average of over 900 supportive housing units per year for people living with mental illness by leveraging multiple funding sources.
- Since the program began, 8,224 housing options have been created.
- TDMHDD state funds have assisted the RHFs in leveraging approximately $80 from other sources for every $1 in state funds invested in the RHF program. Since the program began, over $324 million has been leveraged

Targeted Transitional Support (S)
$303,000
This program provides short–term subsidies for rent and utilities to assist adults being discharged from state psychiatric hospitals in facilitating their transition to community living.

- Assisted 825 (duplicated) being discharged from hospital care.
- Made 611 payments on behalf of discharged individuals: 381 payments for housing, 63 for medication, 51 for mental health services, 52 for transportation, and 58 for other.
- Average amount spent per person was $221.31

Transportation (S)
$300,000
TDMHDD provides funding to 14 CMHAs to assist with purchase and maintenance of vans for transportation of consumers to Peer Support Centers and planned activities.

- Approximately 52% of consumers responding to the annual 2009 Peer Support Center Survey utilized center-provided transportation services at some time, with 50% reporting reliance on this transportation in order to attend Center activities.

TDMHDD – CHILDREN & YOUTH SERVICES

BASIC-Better Attitudes and Skills in Children (BG)
$1,600,500
An elementary school-based mental health early intervention and prevention service that works with children grades K-3 to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems.

- Served 20,978 children and youth in 39 counties at 43 sites.
- Newly identified 203 children as SED.

Child Care Consultation (S)
$163,000
The Child Care Consultation program provides mental health training and technical assistance services to childcare and early childhood centers across the three Grand Divisions of East, Middle and West Tennessee.

- Provided training and technical assistance to 406 staff members of 82 early childhood centers affecting 4,231 children.
- Provided training to 324 staff members of 83 pre-K classrooms affecting 4,836 children.

Early Childhood Network (BG)
$145,000
A collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children identified by families or community providers as SED or at risk of SED through a county-wide community system of care model.

- Served 92 children and 71 families In Maury County.
- Served 14 children in Rutherford County.
- Rutherford County ECN was discontinued mid-year.

Education and Training - Erasing the Stigma/Kids on the Block (S)
$110,000
Promotes understanding of mental illness by providing education and information about mental wellness and mental illness to children and youth. Public awareness activities are presented to forums of youth and adults with the goal of promoting knowledge about mental health and reducing stigma.

- Total of 245 Erasing the Stigma presentations given to 4982 children and 392 adults.
- Total of 280 Kids on the Block presentations given to 28350 children and 3898 adults.

Family Support and Advocacy (S)
$337,959
TN Voices for Children provides for a variety of education, support and outreach services regarding children with SED to parents and professionals across the state. An annual TeenScreen is coordinated at area schools. A newsletter, library service and Internet site are also available.

- Provided 10 support groups with an estimated seven persons attending each meeting.
- A total of 5,546 parent/caregiver contacts were made.
- A total of 87,595 professional contacts were made.
- Provided education support and advocacy services for 242 families by attending school-related meetings.
- Provided "TeenScreen" for 794 youth at 12 schools and provided case management follow-up for 210 positive screens.

Homeless Outreach Project for Children and Youth (S)
$217,000
The Children and Youth Homeless Outreach (CYHO) program seeks to identify children and youth, under 18 years of age, who are homeless or at risk of homelessness with SED, or at risk of having a SED, and their families and to link the parents or caregivers of these children and youth with services needed to keep the family intact and healthy

- CYHO contacted 409 families.
- Of those contacted, 302 were referred to other programs for services.
- An additional 104 received CYHO services.
- Referrals for mental health screenings were made for 44 children.
- SED was identified in 35 children.
- Mental health treatment was received by 26 children.

Jason Foundation. Inc. - JFI (BG)
$95,500
The JFI Curriculum is a youth suicide prevention curriculum for use in middle and high schools across the state as well as for churches and other community organizations that work with children. Four college program pilot sites have also been developed.

- Total schools using curriculum is 822, impacting an estimated 222,627 students.
- Total community organizations using JFI is 200.
- Ten Teacher Seminars presented to 584 teachers.
- A total of 128,520 teachers participated in on line or DVD suicide prevention training.
- Ninety-one counties have the curriculum in one or more schools; a total of 822 schools & 200 organizations use the kit.

Just Care Family Network (F)
$992,415
JustCare Family Network (JustCare) is a mental health initiative offering an effective approach to delivering mental health services and system transformation through an enhanced culturally competent, family-driven, and coordinated system of care in Shelby County, Tennessee, serving children and youth with SED and their families. Tennessee Voices for Children, Comprehensive Counseling Network, and Rhodes College are partners on this six-year (2008-2014), $9 million project, projected to serve some 450 families.

- Program enrollment is scheduled to begin January 2010.

Memphis & Regional Respite Program (S/BG)
$112,803
The Memphis Respite Voucher Program is a respite subsidy program operating only in Memphis/Shelby County. This program provides vouchers to enable low-income families of children with SED or developmental disabilities to pay for respite services when needed.

- Provided respite vouchers to 103 families including 50 families with children with SED or developmental disabilities.

Mental Health 101 (S)
$60,000
Provides a mental health curriculum for middle and high school students, particularly targeting children of parents with serious mental illness. Also provides educational workshops on parenting skills for consumers of mental health services.

- Provided Mental Health 101 curriculum to 13,438 students at 52 schools in 21 counties in Middle and East TN.
- Created a “Strengthening Families” section on website (www.mhaet.com) to disseminate material and fact sheets about children and parents with mental illness 32,000 users logged in during this FY. Fact sheets include:
    - Tips on Healthy Parenting for Mothers with Depression
    - Serious Mental Illness and Parenting
    - Explaining Mental Illness to Children
    - Custody Issues: When a Parent has Mental Illness
    - Risk to Resiliency: Protective factors for Children
    - Mental Illness in the Family: Recognizing Warning Signs and How to Cope
    - Issues and Challenges When a Parent has Mental Illness

Mule Town Family Network - MTFN (F)
$1,757,688
The goal of the MTFN System of Care grant is to provide a coordinated effort of state, county and local agencies for children and youth from birth to 22 years and their families. These services use a wraparound model for children with SED in Maury County. Centerstone and Tennessee Voices for Children are partners on this six-year (2005-2011), $6.7 million project, projected to serve some 440 families.

- Since MTFN's inception, 240 children and youth with SED and their families have been served

NAMI-TN (BG)
$47,500
NAMI-TN provides education and support activities for caregivers of children with SED.

- Eight (8) NAMI Basic classes were completed, 48 caregivers received the training
- Support groups were provide in 19 areas across the state providing parents of youth with SED support for facing the challenges of having a youth with an emotional disturbance
- Two (2) volunteer trainings were offered, 17 of the volunteers received With Hope in Mind Beginnings curriculum and three received the NAMI Basics and eight received a refresher class.
- NAMI helped in the development of a curriculum to train Family Support Specialists. Course content includes wraparound, systems of care collaborative relationships, facilitation ethics and other information needed to provide services and supports to families with children having SED
- Bridging the Gap, a four hour curriculum that includes suicide prevention was offered to 42 educators.
- Breaking the Silence, a curriculum for youth about mental illness, was provided to 255 students

PEER Power-Prevention Education Enhances Resiliency (S)
$100,000
A grant program for fourth through eighth grades to strengthen youth resiliency through social skills enhancement.

- Provided PEER Power to 727 children in seven schools in six counties in Middle Tennessee.
- Pre/post test results = 55% reduction in discipline referrals; 76% improvement in two or more student behavior objectives, and 93% overall positive student satisfaction.

Planned Respite (S/BG)
$670,712
Provides time-limited respite services, respite resource planning and behavioral education to families of children identified with SED, or dually diagnosed with SED and mental retardation, who are ages 2-15.

- Provided planned respite services to 200 families for 242 children.

Regional Intervention Program - RIP (S)
$1,023,044
An internationally recognized parent-implemented program of behavioral skills training designed for the early treatment of children under age six with moderate to severe behavior disorders and their caregivers. Parents learn to work with their own children, support one another and operate the program.

- RIP served 488 children from 433 families.
- Twelve expansion sites and one (1) training site.

Renewal House – Strengthening Families (S/BG)
$25,027
Renewal House offers residential care for addicted women and their children. Funding allows for on-site early intervention, prevention and counseling services to those children who are deemed at high risk of SED or substance abuse when no other payer source exists to access services.

- Sixty-three children in 34 families received on-site therapeutic services.

School-Based Mental Health Liaison Services (O)
$250,000
Funded by the Department of Education through TDMHDD, provides two full time mental health liaisons for the Nashville/Davidson County School System. The R.E.P.L.A.Y. Program (Re Educating Promising Lives Among Youth) provides face-to-face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED. An array of mental health services are provided to assist teachers, students and classrooms in reaching goals related to behavioral and academic progress.

- Provided services to a total of 542 children and youth.
- Provided 12 formal training events for 136 school staff.
- Services include assessments, consultation with teachers and families, classroom interventions, individual and group counseling, home visits and crisis intervention.
- 192 teachers received consultation and assistance in developing positive behavior supports for youth or in making a referral for a youth needing assistance.

Teen Screen
$791,930
A youth suicide prevention and early intervention federal grant program to reduce the number of suicide attempts and completed suicides among at-risk youth and young adults ages 10-24. Training in youth suicide prevention and early intervention is provided to foster care parents and staff, school teachers, juvenile justice system staff and advocates, public health nurses, college faculty and students and other community individuals.

- Provided suicide prevention gatekeeper and early intervention to 19,000 adults who work with high risk youth to date.
- Aired public service announcements on both television and radio media.
- Distributed thousands of items for suicide awareness, including post-it notes, frisbees, mouse pads, teen wallet cards, can holders, coffee mugs, etc.

TN Respite Network (S)
$88,175
The Tennessee Respite Network (TRN) is a statewide Respite Information and Referral service for families of children with SED or developmental disabilities. This service operates a toll-free phone line and utilizes a computer database of available respite resources. TRN also trains respite providers across the state and administers a respite subsidy program for families of children with SED who are on TennCare.

- TRN answered 786 calls for information and gave referrals to 288 families and professionals on respite resources.
- Approximately 288 families were served through the BHO respite subsidy program.
- During FY09 a total of 16 providers were added to the database
- The respite provider database now totals 55 regular providers and 36 special providers, (identified by a particular family to serve only that family).

Transitional Youth (S)
$598,000
This program provides intensive 24/7 supervised housing and transitional independent living with supports including treatment, recovery support, community living skill training,

and education/employment support. Up to 17 young adults, 18-25 years old who are transitioning out of foster care or mental health residential treatment are served at a time.

TDMHDD CONTRACTS – GENERAL

All-Hazards Disaster Response Training (S)
$13,000
Funding to provide for certified courses in critical incident stress management (CISM) for peer first responders and behavioral providers on voluntary CISM teams across the state.

Funding was provided for the following courses through Centerstone Mental Health Center:

- Comprehensive Crisis Preparation & Response for the Workplace
- Emotional & Spiritual Care for Disasters
- CISM Application with Children
- Grief Following Trauma
- Group Crisis Intervention
- Individual Crisis Intervention & Peer Support
- Group Crisis &Individual Crisis & Peer Support –combined
- Pastoral Intervention I
- Pastoral Intervention II
- Responding to School Crisis
- Suicide Prevention, Intervention &Postvention
- Team: Team Evolution&Management
- Terrorism: Psychological Impact & Implication

Scholarships were provided for 106 participants.

Building Strong Families (F)
$490,973
The Building Strong Families in Rural Tennessee (BSF) grant project uses the Homebuilders Model to provide intensive in-home services to families whose children are at risk of state custody because of the parent's methamphetamine or other substance use. BSF also provides intensive in-home services to similar families whose children are being re-unified after state custody. The project serves families in 8 rural counties in the south central area of Tennessee: Bedford, Cannon, Coffee, Grundy, Franklin, Lincoln, Moore and Warren. (Reporting period 3/08 through 4/09)

- Served 40 families, including 84 children.

Cultural Competency (S/BG)
$44,200
The cultural and linguistic competence initiative is an educational, awareness building, and competency based program to enhance agency and professional awareness of the impact of culture on positive outcomes of mental health services.

The goal is to assure culturally and linguistically appropriate services that improve access, remove barriers, and eliminate disparities in the care received by racial, ethnic minorities, and other undeserved groups.

- *Mental Health Training for Interpreters* curriculum was provided to 59 interpreters.
- *How to Work with an Interpreter* training was provided to 44 professionals.
- The grantee maintains a web based list of interpreters available by county/language.

Data Infrastructure Grant (F)
$241,098
A SAMHSA Community Mental Health Data Infrastructure Grant to assist states in developing the ability to report National Outcome Measures. The Tennessee Outcomes Measurement Systems (TOMS) was developed in collaboration with TAMHO. The project was piloted beginning September 2006 and expanded to community mental health contract agencies between April and July 2007. During FY09, 20 CMHAs participated in the TOMS project.

The MHSIP survey is completed by a random selection process of TOMS participants. TOMS data was used to complete the 2009 SAMHSA Uniform Reporting System Tables and National Outcomes Measures as applicable.

Forensic Evaluations-Inpatient (S)
$23,148,700
Adult criminal and juvenile court evaluations for competency to stand trial and/or to assess mental condition at the time of the offense for persons whose evaluation cannot be completed on an outpatient basis.

State psychiatric hospitals provide inpatient evaluation services. For July and August of 2008, three (3) other hospitals or residential service entities provided some juvenile evaluation services.

- Provided 510 inpatient adult forensic evaluations
- Provided 104 inpatient juvenile forensic evaluations
- Provided Forensic Evaluator Certification to 16 new evaluators
- Provided Forensic Evaluation Re-Certification training to 99 attendees and recertified 70 forensic evaluators

Forensic Evaluations-Outpatient (S)
$1,483,000
Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental condition at the time of the offense for persons in the jail or in the community

- Nine (9) community mental health agencies were contracted to provide outpatient forensic evaluations for the courts
- Provided 2,231 adult outpatient evaluations
- Provided 208 juvenile outpatient evaluations

Forensic Targeted Transitional Support (S)
$434,000
Forensic targeted transitional funding is used to bridge the gap from discharge of a forensic service recipient to a community agency when the individual is not able to obtain benefits until after discharge. Assistance is temporary until financial benefits are established.

- Funds were expended to attain and maintain discharge for 49 adult forensic service recipients
- Payments provided assistance for the following needs: 70% for housing, 15% for direct mental health services, 8% for necessities such as clothing, eyeglasses, and utilities, 6% for medications and 1% for transportation
- Average amount spent per person was $2,642.85

Methamphetamine Evidence-Based Treatment & Healing Grant – METH Grant (F)
$77,958
The METH grant uses an integrated model of support services, community education, and direct services to expand access and treatment for addiction to methamphetamines and other emerging drugs for individuals and their families in the rural Tennessee counties of Coffee, Franklin, Grundy, Lincoln, Moore, and Warren.

- Intake assessments have been conducted for 698 individuals, and 180 individuals have enrolled in the Matrix Model.
- The 16-week Matrix Model curriculum was completed by 91 clients who graduated from the program.

Of the 180 enrolled, 52% successfully completed the program, 30% terminated treatment without satisfactory progress, and the remaining 18% were incarcerated or referred to a higher level of treatment (i.e., in-patient treatment). Many clients also received aftercare services through the social support group.

PASRR- Preadmission Screening and Resident Review (S/M)
$1,150,000
The PASRR program screens admissions to nursing facilities per federal law to determine whether individuals who are positive for mental illness per a Level One prescreening are appropriate for nursing home admission or need other "specialized services" for the treatment of their mental illness. This is accomplished by performing a full evaluation according to federal guidelines. The State Mental Health Authority also monitors the need for specialized services after admission by performing Resident Reviews. The Medicaid agency must contract with the State Mental Health Authority that in turn contracts with a private entity.

- There are 330 licensed nursing facilities.
- The population served is 4,162.

TN Suicide Prevention Network (S)
$146,000
The Tennessee Suicide Prevention Network (TSPN) is a statewide coalition of agencies, advocates and consumers developed to oversee the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

- Trained 11,706 professionals and community representatives in Question, Persuade, Refer (QPR) suicide risk reduction.
- Distributed 32,575 resource directories.
- Eight (8) Regional Suicide Prevention Task Force groups held 132 meetings.
- Supported 10 support groups for persons losing someone to suicide and two support groups for persons surviving a suicide attempt.
- Maintained an informational website www.tspn.org with 108,045 hits during the Fiscal year.
- Distributed more than 60,000 bulletins, pamphlets, flyers, magnets and brochures on suicide awareness, assessment and intervention. Ninety-seven radio, television, and/or newspaper profiles, appearances were made.

Funding Codes: BG = CMHS Block Grant
F = Federal Grant
M = Medicaid (TennCare)
O = Other State/Interdepartmental
S = State TDMHDD Budget Allocation

Funding Note: Dollar figures shown are amounts originally allocated and may not match total dollars contracted and/or expended during FY09 in any one service/program/project.

Full detailed reports are available for grant programs upon request to TDMHDD.
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